Name: ________________________________

PI’s Name: ________________________________

Lab Room # (PSC, RSC, NSC, Kell or STA): __________

Lab Phone #: 404-413 ________________

PI’s Signature: ________________________________

E-mail Address: ________________________________

Panther Card #: 601708 ________________________________

Cell Phone #: ________________________________

Rm # Equipment to be Used Access

PSC 555/659

Thermal cycler

NSC 338/488

Thermal cycler

Signature: ________________________________

*As a member of the Research Faculty at Georgia State University, I understand that my Department and I are responsible for any damage that may occur as a result of the use (or misuse) of the core facility by the student/staff member (named above) and that we will recompense the core facility for any damage to equipment or facility that occurs as a consequence of this use.

PI’s Signature: ________________________________

Approved by Core Director / Dept. Chair:

________________________________________

Return to: Sonja Young (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

Authorization: ________________________________

Training Date: ________________________________

Security Date: ________________________________

Introduction to Equip training Date: ________________________________