Name: ________________________________            Date: _______________________

PI’s Name: ________________________________            E-mail Address: _______________________

Lab Room # (PSC, RSC, NSC, Kell or STA): ________            Panther Card #:  601708 ________________

Lab Phone #:  404-413 ____________________________            Cell Phone #: __________________________

<table>
<thead>
<tr>
<th>Rm #</th>
<th>Equipment to be Used</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC 555</td>
<td>Vacufuge</td>
<td></td>
</tr>
<tr>
<td>NSC 338/460</td>
<td>Vacufuge</td>
<td></td>
</tr>
<tr>
<td>Kell 405</td>
<td>Vacufuge</td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________