# Advanced Biotechnology CORE Facilities

<table>
<thead>
<tr>
<th>Lab Room # (PSC, RSC, NSC, Kell or STA)</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>

**Rm #**

**Name:** _______________________________

**PI’s Name:** ___________________________

**Lab Room #:** 404-413 ___________________

**Lab Phone #:** 404-413 ___________________

**E-mail Address:** _______________________

**Panther Card #:** 601708 ___________________

**Cell Phone #:** _________________________

**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**: Debby Walthall (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

**Authorization:** _______________________

**Training Date:** _______________________

**Security Date:** _______________________

**Introduction to Equip training Date:** _______________________

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**Video Pass Date:**

Vacufuge