**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>STA Imaging Room</td>
<td>Amersham Imager 600</td>
<td>☐</td>
</tr>
</tbody>
</table>

*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:** ________________________

**Signature:**