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 #: ______________________

Rm #    Equipment to be Used    Access

NSC 338
AlphaInnotech Imaging, EtBr

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:  _________________________