



Name: _____

Date: _____

Instructor's Name: _____

E-mail: _____

Lab Room # (NSC): _____

Panther Card #: 601708 _____

Lab Phone #: 404- 413 _____

Cell Phone # (if after hrs): _____

Rm # Equipment to be Used Access

NSC

336/484 Autoclaves/Dishwashers

338 UVP imaging system

 Thermal cycler

 Biophotometer / Nanodrop

 Ultra Lum Imaging System

 Vacufuge

 Table Top Centrifuge

438 LAS 4000

473 Film Developer

Signature:

Lab Instructor's Signature*:

*As a member of the Teaching 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.

Approved by Dept. Chair / Core Director:

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

For Official Use ONLY

Authorization:

Training Date: _____

Safety / Security Date: _____

Start Date: _____