**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 #:** ________________

**Signature:** ____________________________

**Rm #**  **Equipment to be Used**  **Access**

PSC 535, PSC 637

Nexcelom Cellometer 2000

*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:** ____________________________