



Advanced Biotechnology CORE Facilities

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	<input type="checkbox"/>
338	UVP imaging system	<input type="checkbox"/>
	Thermal cycler	<input type="checkbox"/>
	Biophotometer / Nanodrop	<input type="checkbox"/>
	Ultra Lum Imaging System	<input type="checkbox"/>
	Vacufuge	<input type="checkbox"/>
	Table Top Centrifuge	<input type="checkbox"/>
438	LAS 4000	<input type="checkbox"/>
473	Film Developer	<input type="checkbox"/>

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.

Lab Instructor's Signature: _____

Approved by Core Director / Dept. Chair: _____

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: _____