



Name: _____

Date: _____

PI'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

Video Pass Date: _____

PSC

543/555 Ultracentrifuges
 637/659 UVP Imaging System
 Thermal Cycler
 Lyophilizer
 Shakers
 Centrifuge

Signature: _____

539/659A Film Developer

545, 645 Autoclaves/Dishwashers

*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.

NSC

338 Thermal Cycler
 UVP Imaging System
 Ultracentrifuges

PI's Signature: _____

460/488/
 340/368 Ultracentrifuges
 Thermal Cycler
 Centrifuge
 UVP Imaging System
 Lyophilizer
 Shakers

Approved by Dept. Chair /Core Director: _____

473 Film Developer

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

336/484 Autoclaves/Dishwashers

Authorization: _____

Training Date: _____

Safety / Security Date: _____

Start Date: _____