

Received

OCT 09 2012

Office of Global
Health Initiatives

For Office Use Only	
Application #:	<u>13045F</u>
Additional Agreement Required	Yes <input checked="" type="radio"/> No <input type="radio"/>
Regents Approval Required	Yes <input type="radio"/> No <input checked="" type="radio"/>
Animal Care	<u>No</u>
Human Subjects	<u>No</u>

Application for Observer/Trainee/Visiting Scientist

NAME: Guo Shicheng
Last First Middle
PROPOSED DATES, FROM: 12/1/2012 TO: 3/30/2013
month/day/year month/day/year

UTHealth FACULTY SPONSOR: Momiao Xiong

UTHealth SCHOOL: School of Public Health

COUNTRY OF CITIZENSHIP: P. R. China

UTHealth DEPARTMENT/DIVISION: Department of Human Genetics

If you are not a U.S. citizen, but are a U.S. permanent resident, check here ☐

Please check the category of your desired association (see "Instructions" for category definitions):

- ☐ Observer Two (2) month limit
☐ Professional Trainee Four (4) month limit
☐ Pre-Baccalaureate Trainee Four (4) month limit
☒ Visiting Student Trainee

Name of educational institution in which you are currently enrolled as a student:
School of Life Sciences, Fudan University

Is this institution public ☒ or private ☐? Degree: Fourth Graduation Date 7/1/2014

☐ Visiting Scientist

Name of employer/institution that will compensate you during your time at UTHealth:

Is this institution public ☐ or private ☐?

Required Documents Checklist	Please submit a complete set of these application materials to your Faculty Sponsor.	✓
This completed application form (pages 1-4)		
Copy of photo identification:		
For U.S. citizens: Copy of federal or state-issued photo identification		
For U.S. permanent residents: Copy of Permanent Resident Card		
For non-U.S. citizens/permanent residents: Copy of passport identification page, visa stamp and I-94 (if applicable)		✓
Résumé or C.V. (in English, listing academic history, certifications, licensures, employment, and training experience)		✓
Certification of Immunization form, completed and signed by a health care provider (with supporting documentation as requested on the form, including English translations, if applicable)		✓
Sterling Consent Form for background check		
FOREIGN Observer & Professional Trainee: non-refundable \$350 USD application processing fee (\$375 if paid by wire transfer)		
For Visiting Student Trainee: A letter, from the Applicant's home institution, confirming enrollment and good standing.		✓
For Visiting Scientist: A letter, from the Applicant's home institution, designating and detailing salary support.		✓
For Applicants under the age of 18: Clearance Request for Minors in the Workplace (form available from Faculty Sponsor)		

If you have questions concerning the status of your application at any time, please contact the administrative coordinator for your Faculty Sponsor.

Please allow at least four (4) weeks for the approval process.

Application should be submitted no more than six (6) months prior the proposed dates.



Biographical Information

Full Legal Name:	Guo	Shicheng
	Last	First Middle
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: 2/28 19 86
		month / day year
Permanent Mailing Address:	Room 1108, North Bungalow #1, Fudan University, 220 Handan Road	
	No. and Street	Apartment No.
	Shanghai	Shanghai 200433 China
	City	State/Province Zip/Postal Code Country
	0086+15216760764	guoshicheng2005@yeah.net
	Phone	E-mail Address
Emergency Contact Information:	Guo Zhaomin	Father 0086+15900574479
	Name	Relationship Phone
Houston Area Address: (if known, and if different from Permanent Address)	No. and Street	Apartment No.
	City	State Zip Code
	Local Phone Number	E-mail Address
Have you ever had a felony or equivalent criminal conviction? <i>If yes, attach details of conviction, including dates.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever studied, observed, worked, or volunteered at UTHealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes:	In what capacity? (Student, Observer, Employee, Postdoctoral Fellow, Volunteer, etc.)	
Dates: --	Name of Faculty Sponsor:	
	month/day/year -- month/day/year	
School/Department:		

Statement of Intent

Please state the objectives of your association, as well as the benefits you expect to receive from this experience:

Prof Momiao Xiong is a famous statistician. He specializes in developing methodologies and algorithms for mapping complex traits such as cardiovascular disease, various cancers which exactly is what I'm focusing on in my Ph.D study. At the same time, Prof Xiong have collaborated with my supervisor, Professor Li Jin, for long time in biostatistics. I think the visiting study to Prof Xiong's lab will be give me great help to pursue my Ph.D degree, increase our collaboration and help me to increase my ability to analysis the large data from the hospital and laboratory.



For foreign nationals who are not U.S. citizens or U.S. permanent residents:

Passport #: E02318551 Country of Citizenship: P.R.China

Do you currently have a U.S. visa? ☐ Yes ☒ No If yes, what type? _____ Exp. Date: _____
month/day/year

Are you currently in the U.S? ☐ Yes ☒ No If yes, I-94# (11-digits): _____ Exp. Date: _____
month/day/year

Do you have a U.S. Social Security Number? ☐ Yes ☒ No If yes, and your application is approved, you will be contacted at a later time for UTHHealth to obtain this number (please do not write your U.S. Social Security number here).

Please note:

- Non-U.S. citizens/permanent residents may **not** begin their association with UTHHealth until the EVPARA's approval is obtained **and** their visas are reviewed and approved by the Office of International Affairs.
- **Non-U.S. citizens/permanent residents must have an immigration status and visa necessary for the proposed visiting activity.**
- Applicants holding temporary visas are bound by the restrictions placed on UTHHealth by the U.S. Department of Homeland Security and the U.S. Department of State.
- Applicants needing assistance from UTHHealth in obtaining a U.S. visa must complete the form: **BIODATA Information Request: J-1 Exchange Visitor sponsored by UTHSC-H**, which can be found online at: <http://www.uthouston.edu/international-affairs/exchange-visitors-j-1/new.htm>. Please direct visa-related inquiries to the Office of International Affairs at utoiahouston@uth.tmc.edu or (713) 500-3176.

Acknowledgements - Read the following statements carefully before signing.

By my signature below:

- I certify that I have requested and am entering into this association without any promise or expectation of financial compensation or offer of employment or other appointment by UTHHealth.
- I understand that all application material submitted to UTHHealth becomes the property of UTHHealth and is not returnable. I also understand that UTHHealth is not obligated to furnish me with duplicate copies.
- I understand that the information submitted herein will be relied upon by UTHHealth to determine my status for eligibility for this association. I authorize UTHHealth to verify the information I have provided. I understand that any omission of requested data may jeopardize my consideration for this association with UTHHealth. I agree to notify the proper UTHHealth officials of any changes in the information provided.
- I release from liability and from any restrictions as to confidentiality or privacy all hospitals, schools, physicians, employers, individuals, agencies, or organizations that provide information about me at the request of UTHHealth or its agents.
- I affirm and agree that at all times during my association with UTHHealth and at any time while on the premises of UTHHealth, I will comply with all applicable federal, state and local laws and regulations and all policies and procedures of UTHHealth, including but not limited to all policies contained in the [Handbook of Operating Procedures \(HOOP\)](#) and the [Rules and Regulations of The University of Texas System Board of Regents](#).
- I agree to complete at UTHHealth any and all required training relevant to my association with UTHHealth, including but not limited to training on safety, [human subjects](#), and [animal handling](#).
- I agree to comply with the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and UTHHealth's policies regarding the privacy of individually identifiable health information, including but not limited to those contained in [HOOP Policy 206 Privacy of Individually Identifiable Health Information](#) and the [Policy and Procedure Manual for the Confidentiality of Health Care Information](#).



- H. I understand that I may become aware of or acquire information that is the intellectual property of UTHealth and which may be proprietary in nature ("UTHealth IP"). This intellectual property may consist of unpublished results, know-how, non-patentable information, patentable or other written or orally transmitted information. I agree to hold all such UTHealth IP in confidence and further agree that no UTHealth IP that I have become aware of or that has been acquired by me will be transmitted by me in any form to a third party.
- I. To the extent an invention or other intellectual property arises from my association with UTHealth, the invention and intellectual property will be automatically owned by UTHealth. I hereby assign any and all inventions and creations, whether or not patentable, that are created by me during the term of this association (the "Intellectual Property") to the Board of Regents for the University of Texas System ("Board"), on behalf of UTHealth. I agree to sign any and all documentation that is required to perfect or evidence this assignment and all documents reasonably necessary for the Board and UTHealth to protect Intellectual Property.
- J. I understand that (i) certain data, technologies, and products are subject to U.S. laws and regulations controlling the export of technical data, computer software, laboratory prototypes, and other items (including but not limited to the Arms Export Control Act, as amended, the Export Administration Regulations, and U.S. economic sanctions) and (ii) my observation of UTHealth activities is contingent on my agreement to comply with such laws and regulations. I hereby agree to comply with all such laws and regulations.
- K. I represent and certify that (a) I am not a person who has been designated as a specifically designated national or blocked person under applicable U.S. law or regulation, and (b) neither I nor any entity with which I am employed or otherwise affiliated is (i) a person or entity with whom U.S. persons or entities are restricted from doing business under U.S. law, executive power, or regulation promulgated thereunder by any regulatory body, or (ii) in violation of any U.S. money laundering law.
- L. I understand that I will be subject to a background check in accordance with UTHealth's policy on Criminal Background Checks.
- M. I understand that my association with UTHealth may be revoked at any time by UTHealth without cause and without advance notice to me.
- N. I agree to indemnify and hold UTHealth and The University of Texas System, their Regents, officers, agents, and employees, harmless from any loss, claim, damage, injury, or liability of any kind arising out of or in connection with my association with or presence at UTHealth.
- O. I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application or termination of my association with UTHealth.

Signature of Applicant

Guo Shi Chang
(handwritten signature required)

Date 9/9/2012

For FOREIGN Observers and Professional Trainees

The non-refundable application processing fee is required with the application.

Method of payment: \$350.00 USD Money order drawn on a U.S. bank and made payable to: UTHSC-H; or
\$375.00 USD Wire transfer sent on _____ (date), reference # _____

Please contact the administrative coordinator for your Faculty Sponsor in order to receive the instructions for wire transfer.

Do not send personal check or cash

For office-OGHI use only

Payment received on: _____ by _____

STOP HERE

Please attach all other required documentation (see page 1) to this application before submitting to UTHealth for review.

NOTE: If this application is approved by the Executive Vice President for Academic and Research Affairs, the Applicant may come to UTHealth for the purposes stated herein, contingent upon an appropriate visa being obtained (if applicable) and any additional agreements being successfully executed (if applicable). Once all the paperwork is in order, the Applicant must also complete the following intake process before starting the visit:

- 1) Check-in with Human Resources to initiate badge processing
- 2) Consultation with UT Health Services
- 3) Visa clearance by Office of International Affairs (for foreign nationals only)

This process can take one to several days and requires appointments to be scheduled in advance through the Human Resources Department.
The visit may not begin unless and until this process is completed.

[Handwritten signature]

Request for Observer/Trainee/Visiting Scientist

To be completed by the UTHealth sponsoring school.

Sponsor Contact Information

Faculty Sponsor:

Printed Name: Momiao Xiong Phone Number: 713-500-9894
Title: Professor
Department/School: Biostatistics/school of Public Health Email Address: momiao.xiong@uth.tmc.edu

Administrative Support Contact:

Printed Name: tan D' Momiao Xiong Phone Number: 713-500-9505
Title: Assoc Professor
Email address: momiao.xiong@uth.tmc.edu Building Code/Room Number: RAS E 439

Observer/Trainee/Visiting Scientist Plan

Dates of Association:

Desired Beginning Date: 12/1/2012 Ending Date: 3/31/2013
month/day/year month/day/year

Number of Hours per Day: 8 Numbers of Days per Week: 5

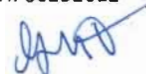
NOTE: All required documentation must be submitted to the Human Resources Department at least four (4) weeks before the start of the visit. Non-U.S. applicants may take longer to process if there are visa delays.

Department's Statement of Intent (REQUIRED)

Please describe in detail what the Visitor will do at UTHealth under your supervision. Attach additional pages as needed.

For Pre-Baccalaureate and Professional Trainees, please attach a UTHealth Trainee Plan.

Develop novel analytic strategies for analyzing the large data sets tat come from next-generation sequencing techonolgies, jointly testing association of the entire spectrum of genomic and epigenomic variations. which will finally lead to deciphering path from genomic information to complex diseases.



UTHealth Trainee Plan

For Pre-Baccalaureate/Professional Trainee: Shicheng Guo
Name

Training Plan:

Include activities and training outcomes that are appropriate to the Trainee's level of education.

Diseases are caused by dynamic interaction among many genes and many environmental exposures through regulation and metabolism. Biological phenomena of the entire organism are not only determined by steady-state characteristics of the biological systems, but also by intrinsic dynamic properties of biological systems, including stability, transient-response, and controllability, which determine how the systems maintain their functions and performance under a broad range of random internal and external perturbations. Pending conceptual and statistical challenges are (1) how to identify and construct multi-level networks which are complex organization of the genetic, epigenetic, biochemical and physiological subsystems and the interactions of these with a lifetime of environmental exposures and involved in endpoint clinical phenotypes under perturbation of environments, (2) how to develop mathematical models for complex networks that determine the health status of individuals and statistical methods for estimation parameters in the network, (3) how to develop statistics to test for differential methylation in a genomic region, (5) to identify mEQTL, and (6) how to connect genetic and epigenetic variations to disease outcomes through cellular intermediate traits.

Our project is to develop novel analytic strategies for analyzing the large data sets that come from next-generation sequencing technologies, jointly testing association of the entire spectrum of genomic and epigenomic variations, which will finally lead to deciphering path from genomic information to complex diseases. Mr. Guo will take part in this project. From these research works he will gain experience and skills to carry out research. This will be part of his dissertation in China.

I certify the following:

1. This training is similar to training which would be given in an educational environment;
2. This training experience is for the benefit of the trainee;
3. The trainee does not displace regular employees, but works under close supervision of existing staff;
4. UTHealth derives no immediate advantage from the activities of the trainee; and on occasion its operations may actually be impeded;
5. The trainee is not entitled to a job at the conclusion of the training; and
6. UTHealth and the trainee understand that the trainee is not entitled to wages for the time spent in the training.


Faculty Sponsor

9/21/2012

Date

Compliance and Safety Considerations:

For all applicants (Observers, Trainees and Visiting Scientists):

Will Applicant be present in a lab/clinic setting where potentially hazardous materials may be used? ☐ Yes ☒ No

If yes, will the Applicant be exposed to or handle: Chemicals? ☐ Yes ☐ No

Potentially infectious materials or specimens? ☐ Yes ☐ No

Sources of radiation? ☐ Yes ☐ No

For Trainees and Visiting Scientists only (Observers may not engage in human subjects, animal or clinical research):

Will the Applicant participate in human subjects research? ☐ Yes ☒ No

Will the Applicant handle animals? ☐ Yes ☒ No

NOTE: If yes to any of the above, it is the Faculty Sponsor's responsibility to ensure that the Visitor receives all proper safety and compliance training. Please contact Safety, Health, Environment & Risk Management (SHERM) at 713-500-8100 and the Office of Research Support Committees (ORSC) at 713-500-7943 to determine training needs.

Security Considerations:

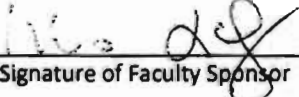
Will the Visitor require a badge for unaccompanied building access? ☒ Yes ☐ No

If yes, building access areas needed: RAS Expected access hours needed: working hours

Does the Faculty Sponsor have any export controlled technology, data, information and/or equipment in the area where the Visitor will be located? If yes, please call Legal Affairs at 713-500-3268. ☐ Yes ☒ No

Approval – Faculty Sponsor

I certify that I have reviewed the Applicant's background and references and believe the Applicant to be qualified and fit for this association with UTHealth. I agree to be responsible for the Visitor during his or her association with UTHealth and to ensure that he/she receives all required compliance and safety training (e.g., training on human subjects, animal handling) at the onset of the association. I will ensure that the Visitor's activities will be strictly limited to those outlined and approved in this application. I certify that I have not implied and will not imply that a job offer or other appointment at UTHealth might result from this association. I certify that I will maintain proper oversight of these activities to ensure compliance with UTHealth rules and regulations. I agree to ensure that the Visitor's UTHealth badge is collected and returned to Human Resources upon the completion of the association.

 Momiao Xiong 9/20/2012
Signature of Faculty Sponsor Printed Name Date

Approval – Department / School

I approve this application and confirm that this association is consistent with the university's educational mission, and the activities are appropriate to the category selected.

 L. Kay Bartholomew 9-21-12
Signature of Department Chair or Dean Printed Name Date

 Roberta B. Ness, Dean 10-1-12

NOTE: This completed, signed application must be submitted with supporting documentation to the Human Resources Department by scan or hard copy. The application will be routed by Human Resources to the next appropriate office. The department/school will be notified by the office of the EVPARA or Office of Global Health Initiatives when the process is complete.

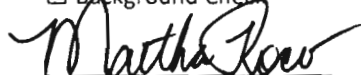
13045 F
GUD

I. Approval – Human Resources

The following have been completed:

☒ Background Check

☒ Health Screening by UT Health Services



Signature / Human Resources

Martha Ross

Printed Name

Date

10/17/12
HUMAN RESOURCES
OCT 23 2012
H-DEPT

II. Approval – Office of Global Health Initiatives (for foreign nationals only)

I reviewed this application and certify that it is complete.



Signature / Office of Global Health Initiatives

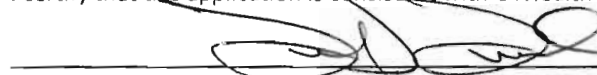
GRACIETE MARQUES-TAVARES

Printed Name

10/23/12

Date

I certify that this application is consistent with UTHealth's commitment to global cooperation and outreach.



Bruce D. Butler, PhD

Vice President of Research and Technology / Global Health Initiatives

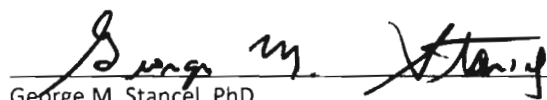
10-23-12

Date

III. Approval – Office of the Executive Vice President for Academic and Research Affairs

This association is authorized, contingent upon:

- 1) no change in the Applicant's health status which may adversely affect individuals in the UTHealth community;
- 2) an appropriate visa being obtained by the Applicant (for foreign nationals); and
- 3) the signing by all parties of an additional Affiliation Agreement or Visiting Scientist Agreement (if applicable).



George M. Stancel, PhD

Executive Vice President for Academic and Research Affairs

10/24/12
Date

Copy:

- Faculty Sponsor
- Human Resources
- Office of Global Health Initiatives (for foreign nationals only)
- Office of International Affairs (for foreign nationals only)

Copies distributed by:

Name:

GRACIETE MARQUES-TAVARES

Date:

10/25/2012

Shicheng Guo

Tel: 0086-15216760764

Fax: 0086-21-55664885

Email: Guoshicheng2005@yeah.net / 09111130001@fudan.edu.cn

Address: Room 1108, Bungalow #1, the Building of Genetics, Fudan University, 220 Handan Road, Shanghai 200433, China

Education

2009-2014 Ph.D candidate School of Life Science, Fudan University, Shanghai, China

2005-2009 Bachelor of Science School of Life Science, Northeast Agricultural University, Harbin, China

Key Skills

- Programming Language: R, Perl, Matlab
- Specific Software: Matlab, LaTeX, SPSS, Original, Ultraedit, Emacs, Adobe photoshop, Adobe illustrator
- OS: Ubuntu and Portable Batch System(torque)

Languages

English, Chinese.

Prize and Honor

- Silver award of "Challenge Cup" business plan competition for Shanghai University Students, 2012
- Scholarships

Participated Projects

DNA methylation markers for the diagnosis and recurrence prediction of bladder cancer [data analysis and bioinformatic]

Relationship between hsa-miR-191 and Epithelial-to-Mesenchymal Transition in Hepatocellular Carcinoma[bioinformatic]

The DNA methylome of human peripheral blood mononuclear cells project [methylation validation]

The DNA methylome of silkworm project [methylation validation]

Pharmacogenomics in Non-small Cell Lung Cancer and lung cancer susceptibility [data analysis]

key molecular events in the pathogenesis and treatment of scleroderma-associated pulmonary fibrosis [data analysis]

Patents

Methods and kits for diagnosing of bladder cancer with urine exfoliated cell 201110287529.2

Methods and kits for prognosing of bladder cancer after surgery with urine exfoliated cell 201110430858.8

Main Publication(no including chinese articles)

1. Zhao Y, **Guo S**, Sun J, Huang Z, Zhu T, Zhang H, Gu J, He Y, Wang W, Ma K et al: Methylcap-seq reveals novel DNA methylation markers for the diagnosis and recurrence prediction of bladder cancer in a Chinese population. *PloS one* 2012, 7(4):e35175(co-first author).
2. He, Y., Y. Cui, W. Wang, J. **Gu**, S. Guo, K. Ma, and X. Luo, *Hypomethylation of the hsa-miR-191 Locus Causes High Expression of hsa-miR-191 and Promotes the Epithelial-to-Mesenchymal Transition in Hepatocellular Carcinoma*. *Neoplasia*, 2011. 13(9): p. 841-53.
3. Zhou, X.Y., J.F. Sun, Y.H. He, H.Y. Zhang, J. Yu, **S.C. Guo**, Y. Cai, X.C. Hu, and J.D. Zhu, *[Correlation of the methylation status of CpG islands in the promoter region of 10 genes with the 5-Fu chemosensitivity in 3 breast cancer cell lines]*. *Zhonghua Zhong Liu Za Zhi*, 2010. 32(5): p. 328-33.
4. Xiang, H., J. Zhu, Q. Chen, F. Dai, X. Li, M. Li, H. Zhang, G. Zhang, D. Li, Y. Dong, L. Zhao, Y. Lin, D. Cheng, J. Yu, J. Sun, X. Zhou, K. Ma, Y. He, Y. Zhao, **S. Guo**, M. Ye, G. Guo, Y. Li, R. Li, X. Zhang, L. Ma, K. Kristiansen, Q. Guo, J. Jiang, S. Beck, Q. Xia, W. Wang, and J. Wang, *Single base-resolution methylome of the silkworm reveals a sparse epigenomic map*. *Nature Biotechnology*, 2010. 28(5): p. 516-20.
5. Li, Y., J. Zhu, G. Tian, N. Li, Q. Li, M. Ye, H. Zheng, J. Yu, H. Wu, J. Sun, H. Zhang, Q. Chen, R. Luo, M. Chen, Y. He, X. Jin, Q. Zhang, C. Yu, G. Zhou, Y. Huang, H. Cao, X. Zhou, **S. Guo**, X. Hu, X. Li, K. Kristiansen, L. Bolund, J. Xu, W. Wang, H. Yang, J. Wang, R. Li, S. Beck, and X. Zhang, *The DNA methylome of human peripheral blood mononuclear cells*. *Plos Biology*, 2010. 8(11): p. e1000533.

A 4x4 grid of dots. The first column has 4 dots. The second column has 3 dots. The third column has 2 dots. The fourth column has 1 dot. This forms a stylized 'L' shape.

护照号码 / Passport No.

CHIN

E02318551

性別 / Sex 1 国籍 / Nationality

Date of birth

男/M 中国/CHINESE

28 FEB 1986

08:19:07 Place of birth

Figure 11.10. *Thrombolytic agents*

山东/SHANDONG

13. 7月4日 2012

山東 / SHANDONG

15 JUL 2012

上海 / SHANGHAI

12 JUL 1993

EX/SRANG

12 7/9 JUL 2022

签发机关 / Authority

人監名 / Deaver's

公安部出入境管理局

POCHNGUO<<SHICHENG<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
E023185513CHN8602282M2207124LJPJMKLPLDMJA942

0030469935

gzh



学士学位证书

郭士成，男，1986年02月28日生。在 东北农业大学
生物技术

专业完成了本科学习计划，业已
毕业，经审核符合《中华人民共和国学位条例》的规定，授予理学
学士学位。

东北农业大学

校长

学位评定委员会主席

证书编号：1022442009002522

(普通高等教育本科毕业生)

二〇〇九年七月一日



547

Translation

Notarial Certificate

(2012) H.Y.Z.W.Z. No. 6360

Applicant: GUO Shicheng, male, born on Feb. 28, 1986, ID
No. 370826198602283018

Subject matter: Certified translation of the original

This is to certify that the preceding English translation is true and
faithful to the original Notarial Certificate (2012) H.Y.Z.W.Z. No. 6359
in Chinese.

Notary Public: CAI Yu
(Sealed)



Shanghai Yangpu Notary Public Office
The People's Republic of China
(Sealed)

Dated this 17th day of July, 2012

1105491535

A handwritten signature in blue ink, appearing to be "Y. Cai".

普通高等学校

毕业证书



学生 郭士成 性别 男, 1986 年 02 月 28 日生, 于 2005 年 09 月至 2009 年 06 月在本校 生物技术 专业 四年制 本科学习, 修完教学计划规定的全部课程, 成绩合格, 准予毕业。

校 名: 东北农业大学

校 (院) 长:

证书编号: 102241200905002522

2009 年 7 月 1 日



Handwritten signature

復旦大學

June 28, 2012

To whom it may concern,

This is to certify that Mr. Guo Shicheng (No. 09111130001) has been awarded the exchange programme fund of doctoral student under the Fudan University Graduate School to pursue his studies in The University of Texas Health Science Center at Houston as a visiting scholar. The awardee was selected through a rigid academic evaluation process organized by Fudan University Graduate School in 2012. The fund covers the international airfare and the research stipend. The airfare and the stipend is RMB 40,000 (forty thousand) in total for a period of 4 (four) months. The awardee may obtain the stipend as advance payment from financial section of Fudan University before his going abroad to pursue his studies, and the account will be cleared by providing receipts including passenger tickets of round voyage and other related research expenses receipts after the awardee returned to China.

This document is valid on condition that the awardee arrives in The University of Texas Health Science Center at Houston no later than March 31st, 2013.

Fudan University Graduate School



Handwritten signature

Translation

General Institutions of Higher Learning

Diploma

GUO Shicheng, male, born on Feb. 28, 1986, studied at our university from Sept. 2005 to June 2009, majoring in Biotechnology (4-year-undergraduate-program), finished all the courses required by the teaching plan, passed the exams, and is hereby permitted to graduate.

University Name: Northeast Agricultural University (Sealed)

President: (Sealed)

Diploma No.: 102241200905002522

July 1, 2009



Handwritten signature



復旦大學
FUDAN UNIVERSITY

TRANSCRIPT FOR DOCTOR

Name:

Guo Shicheng

0911130001

Bachelor PhD Candidate
Study at School

5 years

Biology

70

5 year Ph.D student

2009-09-01

370826198602283018

Genetics

3.36

Compulsory Course

Modern Revolution of Science & Technology and Marxism

Theory and Practice of Scientific Socialism

The First Foreign Language (Medical Horizons-- Intensive Reading)

The First Foreign Language (The Advanced English Course for Ph.D Students)

Foreign Languages for Special Fields of Study

Experiments of Gene Engineering

Human Evolution Genetics

Molecular Genetics

Advances in Medical Molecular Genetics

Genomics

Advances in Molecular Genetics

Optional Course

Biological Image Processing and Analysis Techniques

Discussion on Recent Literatures of Biological and Basic Medical Sciences

Advanced Biochem system: The Structure and Function of Microorganisms

Molecular Cell Biology in Medicine

Review on Recent Literatures of Biological and Basic Medical Sciences

Molecular Oncology

Genomics and Post-genomics

Seminar (Human Biology)

Molecular and Cellular Immunology

Contemporary Medical Microbiology I

Medical Molecular Virology I

Experiments of Molecular Virology

Basic Bio-Safety in the Laboratory

Lectures on the Progress in Basic Medical Sciences

Systems Biology in Practice: Concepts and Application

Seminars in Proteomics

The following is required sector

Practice

Academic Activity

Following blank

Following blank

Lister:

President:

University Seal



陸昉

陆昉

The University of Texas Health Services – Houston
CERTIFICATION OF IMMUNIZATION

Please have your health care provider complete and sign this Certification of Immunization. Please return this form and supporting laboratory or x-ray documentation (as indicated on the next page) with your application. Your application will not be considered unless this form is included and complete with supporting documentation.

Name (Last, First): Guo Shicheng Date of Birth: 2/28, 1986

Current Address: Room 1108, North Bungalow, the Building of Genetics, Fudan University, 220 Handan Road
 Street and Apartment

<u>Shanghai</u>	<u>Shanghai</u>	<u>200433</u>	<u>P.R.China</u>
City	State/Province	Zip/Postal Code	Country

Telephone: 0086+15316760764 Email: Guoshicheng2005@yeah.net

Please check which school you will be visiting:

☐ Biomedical Informatics ☐ Biomedical Sciences ☐ Dentistry ☐ Medical ☐ Nursing ☒ Public Health

REQUIRED IMMUNIZATIONS	MINIMUM REQUIREMENT
Tetanus/Diphtheria or Tetanus Diphtheria and Pertussis	One dose within the past 10 years
Measles (Rubeola)	Two (2) doses of measles vaccine if born after January 1, 1957, administered on or after your first birthday and at least 30 days apart; or lab report of positive rubeola titer
Mumps	One dose of mumps vaccine administered on or after first birthday; or lab report of positive mumps titer
German Measles (Rubella)	One dose of rubella vaccine administered on or after first birthday; or immunity to rubella by presenting a lab report of positive rubella titer
PPD (TB) Skin Test	Within the past 6 months , even for those who have received BCG vaccine as a child. If PPD skin test is positive, a chest x-ray documenting no active tuberculosis must be submitted with immunization form
Hepatitis B Series	Three-dose series (second dose one month and third dose six months after first dose) or lab report of positive hepatitis surface antibody titer. Must be vaccinated to most current status possible prior to visiting UTHHealth.
Varicella (Chickenpox) Series	Two-dose series (second dose one month after first dose) or a physician-validated history of the disease or lab report of positive varicella titer.

The University of Texas Health Services – Houston

CERTIFICATION OF IMMUNIZATION

REQUIRED IMMUNIZATIONS	DATE (month/day/year)
1. <u>Tetanus/diphtheria</u> or Tetanus diphtheria and Pertussis vaccine (within last 10 years)	09.11.2012
2. Measles (rubeola) vaccine	#1 09.11.2012
(2 are required if born after January 1, 1957)	#2 /
or Positive rubeola titer (attach lab report)	/
3. Mumps vaccine	09.11.2012
or Positive mumps titer (attach lab report)	/
4. Rubella vaccine	09.11.2012
or Positive rubella titer (attach lab report)	/
5. Hepatitis B vaccine series (3 injections)	#1
	#2 /
	#3 /
or Positive Hepatitis B surface antibody titer (attach lab report)	HBsAb is positive
6. Varicella vaccine series (2 injections)	#1
	#2 /
or Chicken pox disease (documented by health care provider)	/
or Positive varicella titer (attach lab report)	/
7. Tuberculin skin test (PPD) required within the last 6 months, even if you received BCG vaccine as a child.	
Result: _____ Negative <input checked="" type="checkbox"/> Positive Measurement: <u>12x8</u> mm	
If positive, did you take INH prophylaxis? _____ Yes <input checked="" type="checkbox"/> No	
Chest x-ray findings if PPD is positive (attach x-ray report): 心肺两膈未见异常 No abnormal finding of heart lungs and diaphragm	

Health Care Provider Name:



Phone Number:

Address:

Signature:

[Signature]

LU JIN HUA

Date:

SEP 2012

[Handwritten signature]

Y. J. 10

國際旅行

健康檢查證明書

CERTIFICATE OF HEALTH EXAMINATION

FOR INTERNATIONAL TRAVEL



中華人民共和國衛生部

HEALTH EXAMINATION AND CERTIFICATION

FOR INTERNATIONAL TRAVEL

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编号/ No. 210001011209110823

姓/ Surname 郭/ Given Names

郭士成

GUO SHI CHENG

性别/ Sex 出生日期/ Date of Birth

男 M 28 Feb, 1986

国籍/ Nationality 血型/ Blood Type

中国 AB RH Pos CHINESE

联系地址/ Address of Issue

中国上海金浜路15号(原哈密路1701号)
No.15 Jinbang Rd.(No.1701 Hami Rd.), Shanghai, P.R. China

1

一般检查/ General Check

身高	厘米	体重	千克	脉搏	次/分
Height	169.0 cm	Weight	53.0 kg	Pulse rate	51 times/min
血压	毫米汞柱	体温	/ °C		
BP	98/61 mmHg	Temperature			

皮肤、毛发、淋巴结/ Skin, Sclera, Lymph Nodes

正常 Normal

头部和颈部/ Head & Neck

正常 Normal

胸部和肺部/ Chest & Lungs

正常 Normal

心脏/ Heart

心动过缓。
Heartbeat rate.

腹部/ Abdomen

正常 Normal

2

结论 / General Comments

未发现患有严重危害公共健康的疾病。

No disease which is highly dangerous to the public health has been found.

负责医生姓名
Name of doctor in charge

许震生
XU ZHENSHENG

印章
Official stamp



负责医生签名
Signature of doctor in charge

许震生
Xuzhen Sheng

签发日期
Date of issue

12 Sep, 2012

以上结论和描述均以中文版为准。

English is for reference only. All the information is based on chinese.



CIQ515588829C0126337

[CS-1(2006.10.1)*1]

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脊柱和四肢
Spine & Extremities

正常
Normal

神经精神系统
Neuropsychiatric System

正常
Normal

泌尿生殖系统
Genitourinary System

未检
No Exam

五官科 / EENT

裸眼视力 左 右
Inne. Vision Left Right

矫正视力 左 1.0 右 1.0
Corr. Vision Left Right

辨色力
Color Sense

正常
Normal

听力 左
Hearing Left

正常
Normal

右
Right

正常
Normal

眼、耳、鼻、喉
Eyes, Ears, Nose, Throat

:近视,
:Myopia

3

心电图 / ECG

窦性心动过缓;窦性心律不齐,
Sinus bradycardia, Sinus arrhythmia,

腹部超声(肝胆脾肾) / Abdomen Ultrasound (Liver, Gallbladder, Spleen, Kidney)

肝、脾、胆、肾超声未见异常。
No abnormal findings of Liver, Spleen, Gallbladder, Kidney

胸部X线 / Chest X-ray

心肺两膈未见异常

No abnormal findings of heart lungs and diaphragms

4

JSW

实验室检查 / Laboratory Tests

艾滋病病毒抗体Anti-HIV 阴性/Negative
梅毒血清学检测Syphilis Serology 阴性/Negative (TRUST)
乙型肝炎表面抗原HBsAg 阴性/Negative, 0.03 (CMIA) [<0.05 IU/mL]
丙型肝炎抗体Anti-HCV 阴性/Negative (ELISA)
丙氨酸氨基转移酶ALT(GPT) 12 [0-55 U/L]

血常规Blood Routine

白细胞总数WBC 4.39 [(3.97-9.15) $\times 10^9$ /L]
红细胞总数RBC 4.81 [(4.09-5.74) $\times 10^{12}$ /L]
血小板总数PLT 217 [(85-303) $\times 10^9$ /L]
血红蛋白HGB 145 [131-172 g/L]
粒细胞百分比NEUT% 54.2↓ [55-70 %]
淋巴细胞百分比LYM% 38.3 [20-40 %]

5

实验室检查 / Laboratory Tests

尿常规Urine Routine

葡萄糖GLU 正常/Normal [正常/Normal]
蛋白质PRO 阴性/Negative [阴性/Negative]
红细胞ERY 阴性/Negative [0-3/Hp]
白细胞LEU 阴性/Negative [0-5/Hp]

其他Others

6

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疫苗或预防接种/Vaccine or prophylaxis

麻疹腮腺炎疫苗 MMR II

日期
Date

2012年10月16日/16 Oct, 2012

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician

陶健 临床医学
TAO SI Clinical Medicine

接种机构的印章
Official stamp
of administering centre

疫苗或预防接种的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis

201111168
上海生物制品研究所
SI

接种剂量
Vaccination dose

0.5ml

证书有效期 从
Certificate valid From

至
until



疫苗或预防接种/Vaccine or prophylaxis

日期
Date

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician

接种机构的印章
Official stamp
of administering centre

疫苗或预防接种的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis

接种剂量
Vaccination dose

证书有效期 从
Certificate valid From

至
until

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放射线检查报告

RADIOLOGICAL REPORT

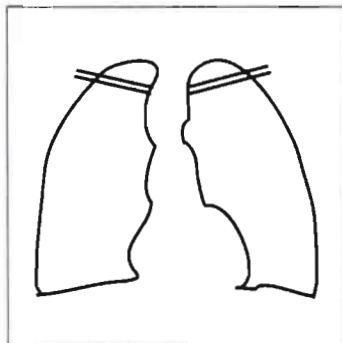
上海国际旅行卫生保健中心
Shanghai International Travel Healthcare Center

Y08B01

姓名 Patient Name	郭士成 GUO SHI CHENG
性别 Sex	男/Male
出生日期 D.O.B	28 Feb, 1986
国籍 Nationality	中国 CHINA

摄片号 Film No.	210001011209110823
体检号 Examination No.	210001011209110823
摄片日期 Date of Radiography	11 Sep, 2012

放射线所见和描述 Findings and Description



心肺两膈未见异常

No abnormal findings of heart lungs and diaphragms

医生签名 Radiologist's Signature	鞠志英
医生姓名 Radiologist's Name	鞠志英 Ju zhi-ying
报告日期	11 Sep, 2012

印章 Stamp	 上海国际旅行卫生保健中心 Shanghai International Travel Healthcare Center 中国上海市金浜路15号 15 Jinfang Road 200235, Shanghai, P.R. China Tel: 8620-62589171 Fax: 8620-62582288
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金浜路15号
中国上海市

15 Jin Bang Road
Shanghai, P.R. China

YNT



实验室检查报告

LABORATORY REPORT

姓名 Name	郭士成 GUO SHI CHENG			210001011209110823
性别 Sex:	男/Male	出生日期 Date of birth	28 Feb, 1986	1 / 3

血液 / Blood - 常规 Routine

项目 Items	结果 Result	参考值 Reference	检测者 Technician	报告日期 Report date	复核人 Verified by
ABO血型鉴定 Blood Type(ABO)	AB		熊丹 XIONG DAN	11 Sep, 2012	张晓航 ZHANG XIAOHANG
Rh血型鉴定 Blood Type(Rh)	Pos		熊丹 XIONG DAN	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*白细胞总数 WBC	4.39	(3.97-9.15)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*中性粒细胞百分比 NEU(%)	54.2↓	55-70 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*淋巴细胞百分比 LYM(%)	38.3	20-40 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*单核细胞百分比 MONO(%)	6.8	3-10 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*嗜酸性粒细胞百分比 EOS(%)	0.7	0.5-5 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*嗜碱性粒细胞百分比 BASO(%)	0.0	0-1 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*中性粒细胞绝对值 NEU	2.38	(2.0-7.0)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*淋巴细胞绝对值 LYM	1.68	(0.8-4.0)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*单核细胞绝对值 MONO	0.30	(0.12-1.00)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*嗜酸性粒细胞绝对值 EOS	0.03	(0.02-0.50)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*嗜碱性粒细胞绝对值 BASO	0.00	(0-0.1)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*红细胞总数 RBC	4.81	(4.09-5.74)×10 ¹² /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*血红蛋白 HGB	145	131-172 g/L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*红细胞比积 HCT	42.7	38.0-50.8 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*红细胞平均体积 MCV	88.8	83.9-99.1 fl	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*平均血红蛋白含量 MCH	30.1	27.8-33.8 pg	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*平均血红蛋白浓度 MCHC	340	320-355 g/L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
红细胞分布宽度 RDW	12.3	0.0-14.5 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*血小板总数 PLT	217	(85-303)×10 ⁹ /L	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
血小板平均体积 MPV	9.3	9.0-13.0 fl	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
血小板压积 PCT	0.20	0.17-0.35 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG
血小板分布宽度 PDW	10.2	9-17 %	桂莉娜 GUI LINA	11 Sep, 2012	张晓航 ZHANG XIAOHANG

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姓名 Name	郭士成 GUO SHI CHENG			210001011209110823
性别 Sex:	男/Male	出生日期 Date of birth	28 Feb, 1986	2 / 3

血液 / Blood—生化 Biochemistry

项目 Items	结果 Result	参考值 Reference	检测者 Technician	报告日期 Report date	复核人 Verified by
血清丙氨酸氨基转移酶测定 ALT	12	0-55 U/L	贾哲甫 JIA ZHEFU	11 Sep, 2012	韩晓辉 HAN XIAOHUI

血液 / Blood—免疫 Immunology

项目 Items	结果 Result	参考值 Reference	检测者 Technician	报告日期 Report date	复核人 Verified by
人免疫缺陷病毒抗体测定(酶免法) Anti-HIV1/2(EIA)	阴性/Negative	阴性(Negative)	陈晨 CHEN CHEN	11 Sep, 2012	韩晓辉 HAN XIAOHUI
不加热血清反应素试验 TRUST	阴性/Negative	阴性(Negative)	金臻萍 JIN ZHUPING	11 Sep, 2012	韩晓辉 HAN XIAOHUI
丙型肝炎抗体测定(酶免法) Anti-HCV(EIA)	阴性/Negative	阴性(Negative)	陈晨 CHEN CHEN	11 Sep, 2012	韩晓辉 HAN XIAOHUI
梅毒螺旋体特异性抗体测定(发光法) Treponemal specific antibody(CMIA)	阴性/Negative	阴性(Negative)	贾哲甫 JIA ZHEFU	11 Sep, 2012	韩晓辉 HAN XIAOHUI

尿液 / Urine—常规 Routine

项目 Items	结果 Result	参考值 Reference	检测者 Technician	报告日期 Report date	复核人 Verified by
*颜色 Color	浅黄色/P. YEL		陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*透明度 Transparency	清/CLEAR		陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*比重 Gravity	1.021	1.003 - 1.030	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*酸碱反应 PH	6.5	4.5-8.0	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*葡萄糖 GLU	正常/Normal	正常/Normal	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*蛋白质 PRO	阴性/Negative	阴性/Negative	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*红细胞 ERY	阴性/Negative	0-3/HP	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*白细胞 LEU	阴性/Negative	0-5/HP	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
上皮细胞 Epithelial cell	正常/Normal	正常/Normal	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
透明管型 T.cylinder	正常/Normal	正常/Normal	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
颗粒管型 G.cylinder	正常/Normal	正常/Normal	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
粘液丝 Mucoid	正常/Normal	正常/Normal	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*亚硝酸盐 NIT	阴性/Negative	阴性/Negative	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*尿胆元 URO	正常/Normal	正常/Normal	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG
*胆红素 BIL	阴性/Negative	阴性/Negative	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG

报告日期
Date of Report 11 Sep, 2012

负责医生
Doctor in charge: 韩晓辉 / HAN XIAOHUI

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实验室检查报告

LABORATORY REPORT

姓名 Name	郭士成	GUO SHI CHENG	210001011209110823
性别 Sex:	男/Male	出生日期 Date of birth	28 Feb, 1986
		3 / 3	

尿液 / Urine 一常规 Routine

项目 Items	结果 Result	参考值 Reference	检测者 Technician	报告日期 Report date	复核人 Verified by
*酮体 KET	阴性/Negative	阴性/Negative	陆荷芳 LU HEFANG	11 Sep, 2012	张晓航 ZHANG XIAOHANG

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本报告仅供本院医师参考，不作证明书之用。

This report only serves as a reference to doctors of SITHC, and therefore cannot fulfill any official certification purposes.

JSW



实验室检查报告

LABORATORY REPORT

姓名 Name	郭士成	GUO SHI CHENG	210001011209110823
性别 Sex:	男/Male	出生日期 Date of birth	28 Feb, 1986
			1 / 1

血液 / Blood—免疫 Immunology

项目 Items	结果 Result	参考值 Reference	检测者 Technician	报告日期 Report date	复核人 Verified by
乙型肝炎表面抗原测定(发光法) HBsAg(CMIA)	0.03	<0.05 IU/mL	贾哲甫 JIA ZHEFU	11 Sep, 2012	韩晓辉 HAN XIAOHUI
乙型肝炎表面抗体测定(发光法) HBsAb(CMIA)	353.17↑	<10.0 mIU/mL	贾哲甫 JIA ZHEFU	11 Sep, 2012	韩晓辉 HAN XIAOHUI

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本报告仅供本院医师参考，不作证明书之用。

This report only serves as a reference to doctors of SITHC, and therefore cannot fulfill any official certification purposes.

210001011209110823

艾滋病检验报告单

AIDS TESTING REPORT

姓名 郭士成 国籍 中国
Name GUO SHI CHENG Nationality CHINESE

性别 男 / Male 年龄 28 Feb, 1986 职业
Sex Age Occupation

来自国家或地区 中国
Country or region of departure CHINA

前往国家或地区 美国
Country or region of destination U. S. A.

送检单位
Department of delivery

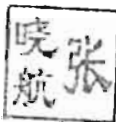
送检日期 11 Sep, 2012 报告日期 12 Sep, 2012
Date of delivery Date of report

HIV 抗体检测结果: (ELISA)

Testing result of HIV antibodies

阴性 / Negative

检验师
Technician



负责检验师
Technician in charge



中华人民共和国上海出入境检验检疫局
Shanghai Entry - Exit Inspection and Quarantine Bureau of People's Republic of China



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The University of Texas Health Services – Houston
CERTIFICATION OF IMMUNIZATION

REQUIRED IMMUNIZATIONS	DATE (month/day/year)
1. <u>Tetanus/diphtheria</u> or Tetanus diphtheria and Pertussis vaccine (within last 10 years)	09.11.2012
2. Measles (rubeola) vaccine	#1 09.11.2012
(2 are required if born after January 1, 1957)	#2 /
or Positive rubeola titer (attach lab report)	/
3. Mumps vaccine	09.11.2012
or Positive mumps titer (attach lab report)	/
4. Rubella vaccine	09.11.2012
or Positive rubella titer (attach lab report)	/
5. Hepatitis B vaccine series (3 injections)	#1
	#2 /
	#3 /
or Positive Hepatitis B surface antibody titer (attach lab report)	HBsAb is positive
6. Varicella vaccine series (2 injections)	#1
	#2 /
or Chicken pox disease (documented by health care provider)	
or Positive varicella titer (attach lab report)	
7. Tuberculin skin test (PPD) required within the last 6 months, even if you received BCG vaccine as a child.	
Result: _____ Negative <input checked="" type="checkbox"/> Positive Measurement: <u>12x8</u> mm	
If positive, did you take INH prophylaxis? _____ Yes <input checked="" type="checkbox"/> No	
Chest x-ray findings if PPD is positive (attach x-ray report): 心肺两膈未见异常 No abnormal finding of heart lungs and diaphragm	

Health Care Provider Name: _____



上海国际旅行卫生保健中心
Shanghai International Travel Healthcare Center
中国上海市金海路15号
15 Jinbang Road
200335, Shanghai, P.R. China
Tel: 8621-62686171 Fax: 8621-62686286

Phone Number: _____

Address: _____

Signature: _____

[Handwritten Signature]

LU JIN HUA

Date: _____

18 SEP 2012

[Handwritten Signature]

Marques-Tavares, Graciette

From: Crosson, Cindy A
Sent: Wednesday, October 17, 2012 4:02 PM
To: Marques-Tavares, Graciette
Subject: RE: RE: Question on Varicella vaccine: guo shicheng

Graciette,

Guo, Shicheng is cleared.

Thank you,

Cindy

From: Marques-Tavares, Graciette
Sent: Wednesday, October 17, 2012 8:08 AM
To: Crosson, Cindy A
Subject: FW: RE: Question on Varicella vaccine: guo shicheng

Hi Cindy,

Please see below response from Shicheng Guo.

Thanks,

Graciette

From: guoshicheng2005 [<mailto:guoshicheng2005@yeah.net>]
Sent: Tuesday, October 16, 2012 10:06 PM
To: Marques-Tavares, Graciette
Subject: Re: RE: Question on Varicella vaccine

Dear Graciette,

Of course, i suffer from varicella when I was 6 year old at my home, Jining, Shangdong province, China. PR. Specially, my little sister (4 years old at that time) suffered it at the same day wth me, so my mom and dad remmber it so clearly.

Best wishes
Yours Alex

2012-10-17



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PRINT CHARACTERS LIKE THIS
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CORRECT INCORRECT
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Consent to Request Consumer Report & Investigative Consumer Report Information

SHICHENG

Gao

Applicant's First Name or Initial

Last Name

I understand that UHealth ("COMPANY") will use Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (800) 899-2272 to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring process. I also understand that if hired, to the extent permitted by law, COMPANY may obtain further Reports from STERLING so as to update, renew or extend my employment.

I understand Sterling InfoSystems Inc.'s ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request or five days after the investigative consumer report was requested, whichever is later.

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related State summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

☐ Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only: I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. STERLING will mail the Report directly to me. (Check only if you wish to receive a copy.)

☐ Maine Applicants Only: By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report as well as a copy of any Report obtained by COMPANY from STERLING.

☐ Washington State and Oregon Applicants Only (AS APPLICABLE): I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law, (ii) the information is substantially job related, and the reasons for using the information are disclosed to me in writing. (If this option is checked, complete the question below) or (iii) I am seeking employment as a covered police or peace officer or with a federally insured bank or credit union (Oregon only).

Reasons why COMPANY considers credit information substantially job related (complete if this is the sole basis for obtaining credit information):

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

Shicheng Gao

Signature:

Today's Date:

Sep 22nd, 2012

Handwritten signature

The Office of International Affairs (OIA) must determine an individual's eligibility to be issued a Certificate of Eligibility for Exchange Visitor Visa (J-1) Status Form DS-2019 to be used when applying for the J-1 visa at a U.S. Embassy or Consulate abroad, or if the visitor is already in the U.S., by sending the Form DS-2019 to USCIS when applying for a change of status to J-1. Visitors must demonstrate to OIA that:

- 1) You have received administrative approval for your appointment at the University of Texas Health Science Center at Houston (UTHSC-H) or you have been admitted to an eligible academic program at UTHSC-H
- 2) You are capable of financing your stay in the U.S. for the period of time of the requested Form DS-2019
- 3) Immigration regulations will not prohibit you from being issued the Form DS-2019

OIA will be provided with a copy of your appointment letter from the department you have been hired by or admission letter from the school you have been admitted to. Visitors hired by/admitted to UTHSC-H must complete and sign this form and return all original supporting documentation to OIA at the address below in order to determine eligibility for the Form DS-2019.

Section I: To Be Completed By Hiring Department

Sponsoring Institution: ☒ The University of Texas Health Science Center at Houston ☐ Texas Heart Institute
Biostatistics/school of Public Health

Hiring Department

Department Contact Information:	Name	Title
Telephone Number: Work	Fax	E-mail Address <u>31</u>
Projected program start and end dates:	<u>12/1/2012</u> Start Date (MM/DD/YYYY)	<u>3/30/2013</u> End Date (MM/DD/YYYY)

Section II: Visitor Information

Guo	Shicheng	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
LAST/FAMILY NAME	First/Given Name	Middle
<u>2/28/1986</u>	<u>Jinning</u>	<u>China</u>
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
<u>P. R. China</u>	<u>P. R. China</u>	
Country of Citizenship	Country of Legal Permanent Residence	

Ministry of Education Key Laboratory of Contemporary Anthropology School of Life Sciences, Fudan 

Name of Institution, Agency, or University Affiliated With in Home Country

Undergraduate

Title or Occupation of Last Position Held in Home Country (e.g. Professor, Instructor, Undergraduate/Graduate Student, etc.)



Room 1108, North Bungalow #1, the Building of Genetics, School of Life Sciences, Fudan University,
220 Handan Road, Shanghai 200433, China

Permanent Address in Home Country- Home or Apartment # and Street

Shanghai	Shanghai	P. R. China	200433
City	State/Province	Country	Postal Code
0086-021-55664474		0086-15216760764	0086-021-55664474
Telephone Number: Home	Cell	Work	Fax
guoshicheng2005@yeah.net			
E-mail Address			

Section III: Immigration Information

Are you currently in the U.S.? ☐ Yes ☒ No

- If yes and you will accept the appointment/academic program, please indicate below how you will seek J-1 status:

☐ I will depart the U.S. and apply for the J-1 visa at a U.S. Embassy or Consulate abroad

☐ I will apply for a change of status to J-1 while remaining in the U.S.

Have you previously been in the U.S. in J-1 or J-2 visa status? ☐ Yes ☒ No

- If yes, please provide legible photocopies of all immigration documents issued to you and your dependents (if applicable) since entry into the U.S. and/or in previous periods of stay in the U.S.
- If yes, please attach to this form a chronological listing of the information below:
 - Previous periods of authorized stay in the U.S. to include the dates while you were on J visa status
 - Program sponsor's name(s) and name(s) of training institution(s)
 - Program(s) begin and end date(s)
 - Date(s) of departure from the U.S.
 - J visa category (e.g. Research Scholar, Student, Trainee, etc.)

Section IV: Financial Information

Please indicate below the amount per month in U.S. dollars that will be available to you during the period of time you anticipate on staying in the U.S. A minimum of \$1,500 is mandatory for each month that you anticipate staying in the U.S. A minimum of \$2,000 per dependent is mandatory for each year that you anticipate staying in the U.S. All sources of financial support, unless received from The University of Texas Health Science Center at Houston, must be verified by your bank official. You must provide a letter in English that confirms the amount of funds available to you in U.S. dollars and is signed and dated by a bank official. If your source of financial support will come in the form of a grant from an organization, please submit to OIA the original award letter signed by the granting organization.

Funds will be provided by (check all that apply):

Source of Support	Amount of Support in U.S. Dollars
<input type="checkbox"/> UTHSC-H	\$ _____
<input checked="" type="checkbox"/> Organization	\$ 6261.251
Name of Agency:	Fudan University, Shanghai, China
<input type="checkbox"/> Personal	\$ _____
<input type="checkbox"/> Dependent funds (if applicable)	\$ _____
TOTAL AMOUNT	\$ 6,261.251

ggt

Section V: Dependent Information

Will you be accompanied by your spouse or unmarried child (under the age of 21) who will seek J-2 status?

☐ Yes ☒ No *If yes, please provide the following information:*

Spouse

LAST/FAMILY NAME	First/Given Name	Middle
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Permanent Residence	

Child

LAST/FAMILY NAME	First/Given Name	Middle
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Child

LAST/FAMILY NAME	First/Given Name	Middle
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Section VI: Mailing Instructions

If OIA determines that you are eligible for the Form DS-2019, please provide the information below so that all documents can be sent to you. **Only complete if mailing address is different from permanent address provided in Section II.**

Room 1106, North Bungalow #1, the Building of Genetics, School of Life Sciences, Fudan University,
220 Handan Road, Shanghai 200433, China

Mailing Address in Home Country: Home or Apartment # and Street

Shanghai	China	200433
City	State/Province	Country
		Postal Code

I certify under penalty of perjury that the above information is true.

Signature: **Shicheng Guo**

Dr. Shicheng Guo, School of Life Sciences, Fudan University, Ministry of Education
Key Laboratory of Contemporary Anthropology, shichengguo@fudan.edu.cn
ID: 2012.07.24.21.58.55.00000

Date: **24/7/2012**

Handwritten signature

Shicheng Guo
Ph. D Student
MOE Key Laboratory of Contemporary Anthropology
School of Life Sciences
Fudan University
Shanghai, China

September 27, 2012

Dear Mr. Guo:

I am glad that you will have opportunity to study abroad by financial support from Fudan University, China. I invite you to study and to do research work in the Human Genetics Center and Division of Biostatistics in the School of Public Health at the University of Texas Health Science Center at Houston to pursue your continuous graduate study for Ph. D degree and research under my advise for four months from December 1, 2012 to March ³¹~~30~~, 2013.

Computational systems biology and biostatistics are the frontier in the research of biomedicine. Recently, I and my colleagues in Medical School at University of Texas at Houston and Baylor College of Medicine are carrying out several projects for investigation of population genomics, cancer genomics and mechanism of complex diseases and drug target discovery. These projects are financially sponsored by NIH in the U. S. A.

Diseases are caused by dynamic interaction among many genes and many environmental exposures through regulation and metabolism. Biological phenomena of the entire organism are not only determined by steady-state characteristics of the biological systems, but also by intrinsic dynamic properties of biological systems, including stability, transient-response, and controllability, which determine how the systems maintain their functions and performance under a broad range of random internal and external perturbations. Pending conceptual and statistical challenges are (1) how to identify and construct multi-level networks which are complex organization of the genetic, epigenetic, biochemical and physiological subsystems and the interactions of these with a lifetime of environmental exposures and involved in endpoint clinical phenotypes under perturbation of environments, (2) how to develop mathematical models for complex networks that determine the health status of individuals and statistical methods for estimation parameters in the network, (3) how to develop statistics to test for differential methylation in a genomic region, (5) to identify mEQTL, and (6) how to connect genetic and epigenetic variations to disease outcomes through cellular intermediate traits.



One of our project is to develop novel analytic strategies for analyzing the large data sets that come from next-generation sequencing technologies, jointly testing association of the entire spectrum of genomic and epigenomic variations, which will finally lead to deciphering path from genomic information to complex diseases.

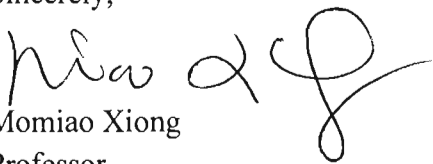
If you come here you will take part in this project. I am sure that the accomplishment of this project will have broad impact in biomedical research and deep implication on your career development.

Since you will visit University of Texas School of Public Health as a visiting scholar you do not need to pay tuition fees for registering courses.

I am glad that your English is excellent and have thorough knowledge in statistics, bioinformatics, and genetics. Computational biology is an interdisciplinary research area. Your knowledge and skills will be very valuable to the analysis of next-generation sequencing data.

As you know that I have collaborated with Professor and Vice President Li Jin at Fudan University in China, working on projects involving statistical genetics, population genetics and computational systems biology. I am sure that you will go back to China to continuously pursue Ph. D degree after you finish study in U. S.

Sincerely,



Momiao Xiong

Professor

Division of Biostatistics

School of Public Health

University of Texas Health Science Center at Houston



Barbara Tilley

Lorne Bain Professor & Director

Division of Biostatistics

Approved:

Roberta B. Ness
Dean

Roberta B. Ness
S. Fisbeck
10/1/12

