

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. Must be completed and signed before the start of student experimentation.

Student's Name(s) **Hannah Farley**

Title of Project **Characterization of Gxq Inhibitors for Uveal Melanoma Treatment**

To be completed by the Qualified Scientist:

Scientist Name: **Julio Aguirre-Ghiso**

Educational Background: **University of Buenos Aires**

Degree(s): **MSc, PhD**

Experience/Training as relates to the student's area of research: **Head of laboratory research in students research**

Director of Solid Tumor and Metastasis Research

Mount Sinai

Position:

Institution:

1468 Madison Ave New York, NY 10029

julio.aguirre-ghiso@mssm.org

Address:

Email/Phone:

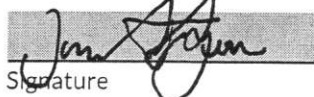
1. Have you reviewed the ISEF rules relevant to this project? ☒ Yes ☒ No
2. Will any of the following be used?
 - a. Human participants ☐ Yes ☒ No
 - b. Vertebrate animals ☐ Yes ☒ No
 - c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) ☒ Yes ☐ No
 - d. Hazardous substances and devices ☒ Yes ☐ No
3. Will this study be a sub-set of a larger study? ☒ Yes ☐ No
4. Will you directly supervise the student? ☐ Yes ☒ No
 - a. If no, who will directly supervise and serve as the Designated Supervisor? **Melisa Lopez-Anton**
 - b. Experience/Training of the Designated Supervisor:
Post-Doctoral Fellow

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Julio Aguirre-Ghiso

Qualified Scientist's Printed Name



Signature

07/01/19

Date of Approval (mm/dd/yy)

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Melisa Lopez-Anton

Designated Supervisor's Printed Name



Signature

07/01/19

Date of Approval (mm/dd/yy)

212-241-9582

Phone

melisa.lopez-anton@mssm.org

Email