

## 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) **Katherine Zhang**

Title of Project **Dialdehyde Cellulose Nanocrystal Hydrogel Synthesis for Antibiotic Remediation**

### To be completed by the Qualified Scientist:

Scientist Name: **Benjamin Hsiao**

Educational Background: **National Taiwan University & University of Connecticut**

Degree(s): **B.S. in Chemical Engineering & Ph.D. in Materials Science**

Experience/Training as relates to the student's area of research: **Extensive research and publications in water purification using cellulose materials.**

**Distinguished Professor**

**Stony Brook University**

Position:

Institution:

**100 Nicolls Rd, Stony Brook, NY 11794**

**Benjamin.Hsiao@stonybrook.edu / (631) 632-7793**

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
- b. Vertebrate animals
- c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products)
- d. Hazardous substances and devices

☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ 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?

**Xiangyu Huang**

b. Experience/Training of the Designated Supervisor:

**Bachelor Degree in Materials Science**

### 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.

**Benjamin Hsiao**

Qualified Scientist's Printed Name

**Benjamin Hsiao**

Signature

Digitally signed by Benjamin Hsiao  
Date: 2019.06.01 17:47:00 -05'00'

**06/01/19**

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.

**Xiangyu Huang**

Designated Supervisor's Printed Name

**Xiangyu Huang**

Signature

Digitally signed by Xiangyu Huang  
Date: 2019.06.01 15:32:00 -07'00'

**06/01/19**

Date of Approval (mm/dd/yy)

**631-682-1370**

Phone

**xiangyu.huang@stonybrook.edu**

Email