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) | Gillian Gold | | | | | |
|---|--|------------------|--|-------------------------------|--|--|
| Title of Project | The role of Wnt/β-catenin signaling in angiogenesis and BBB formation in EAE (Multiple Sclerosis) | | | | | |
| Scientist Name: Dr. Educational Backgro Experience/Training Research in my laborate blood-brain barr | Dritan Agalliu Dritan Agalliu | search the ce | ellular and molecular | mechanisr | ms that regulate formation of reakdown in a variety of | |
| Position: Principal Investigator Address: Principal Investigator Institution: Columbia University Medical Center Email/Phone: da191@cumc.columbia.edu | | | | | | |
| Have you reviewed the Intel 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 ☐ Yes ☐ Yes ☐ Yes ☐ Yes | ■ No □ No ■ No ■ 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? Sanjid Shahriar b. Experience/Training of the Designated Supervisor: | | | | | | |
| Has been in the lab multiple years researching EAE as a PhD candidate and has supervised previous high school research student before. | | | | | | |
| 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. Dritan Agalliu Qualified Scientist's Printed Name Sadam Agalliu G6/10/2019 | | / | 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. Sanjid Shahriar Designated Supervisor's Printed Name O6/10/2019 Signature Date of Approval (mm/dd/yy) | | | |
| Signature Date of Approval (mm/dd/yy) | | | Phone | | | |
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