

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) Elizabeth Korn

Title of Project Gel and Electric Field-Based Desorption of DNA from PMMA-Coated Silicon Surfaces to Optimize Sequencing Accuracy

To be completed by the Qualified Scientist:

Scientist Name: Jonathan Sokolov

Educational Background: physics Degree(s): Ph.D.

Experience/Training as relates to the student's area of research:

managed polymer lab for more than 25 years at Stony Brook University

Position: Prof. of Materials Science

Institution: Stony Brook University

Address: Dept. of Materials Science

Email/Phone: jonathan.sokolov@stonybrook.edu

- 1) Have you reviewed the Intel ISEF rules relevant to this project? ☒ Yes ☐ No
2. Will any of the following be used?
- | | | |
|---|---|--|
| a. Human participants | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Hazardous substances and devices | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? _____
- b. Experience/Training of the Designated Supervisor: _____

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.

Jonathan Sokolov

Qualified Scientist's Printed Name

Jonathan Sokolov

6/25/2019

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.

Designated Supervisor's Printed Name

Signature

Date of Approval (mm/dd/yy)

Phone

Email