

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) Damien Edele, Christopher Jannotta, Danielle Levanti

Title of Project The Complete Structural Refinement and Analysis of the Protein Anaplasma phagocytophilum tRNA (guanine-N1)-methyltransferase

To be completed by the Qualified Scientist:

Scientist Name: Vivian Stojanoff

Educational Background: Physics, Crystallography

Degree(s): Ph.D. Solid State Physics, Crystallography; MS Solid State Physics, Material Sciences

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

research: Dr. Stojanoff's research interests are focused on the characterization of biomolecular crystals and the development of new synchrotron methods for structural biology and biological materials science. Her work includes structural biology, x-ray crystallography, and biomolecular crystal growth techniques.

Physicist

Position:

98 Rochester Street, Upton, New York

Address:

Brookhaven National Laboratory

Institution:

stojanof@bnl.gov / 631-344-8375

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? _____
 - 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.

Vivian Stojanoff

Qualified Scientist's Printed Name

Signature 

02/01/2019

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