

## 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) Chelsea Pan

Title of Project Dysregulation of dopamine-2 receptor with neuronal deficits underlies loss of control in cocaine addiction

### To be completed by the Qualified Scientist:

Scientist Name: Kevin Clare

Educational Background: College: Stony Brook University Degree(s): Bachelor in Engineering

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

7+ years of experience working in neurobiology and neuroimaging laboratories. This experience includes animal handling, cell culture, western blots, immunohistochemistry, fluorescent and confocal microscopy, PCR.

Position: Research Aide Institution: Stony Brook University

Address: 100 Nicolls Road, Life Sciences BLDG Rm 002, Stony Brook, Ny 11794

Email/Phone: kevin.clare@stonybrook.edu / 1(631) 632-5481

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 type="checkbox"/> No |
| b. Vertebrate animals   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hazardous substances and devices   | <input 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.

Kevin Clare

Qualified Scientist's Printed Name

Kevin Clare

Signature

5/25/2019

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