

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) William Sun

Title of Project Lipid Droplets in the Aging Brain

To be completed by the Qualified Scientist:

Scientist Name: Qiaojie Xiong

Educational Background: Neuroscience

Degree(s): PhD

Experience/Training as relates to the student's area of research: Brain anatomy and physiology

Assistant Professor

Stony Brook University

Position:

Institution:

100 Nicolls Road, Stony Brook, NY 11794

qiaojie.xiong@stonybrook.edu

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 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals | <input checked="" type="checkbox"/> Yes | <input 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 type="checkbox"/> Yes | <input checked="" 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? Xinxing Wang
- b. Experience/Training of the Designated Supervisor:

PhD in Neuroscience

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.

Qiaojie Xiong

Qualified Scientist's Printed Name

Qiaojie

Digitally signed by Qiaojie
Date: 2019.06.20 18:15:19
05:00

Signature

06/20/2019

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.

Xinxing Wang

Designated Supervisor's Printed Name

Xinxing Wang Digitally signed by Xinxing Wang
Date: 2019.06.20 18:18:24 -0500

Signature

06/20/2019

Date of Approval (mm/dd/yy)

6316326595

Phone

xinxing.wang@stonybrook.edu

Email