

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) Tristan Tran

Title of Project Examining the Paracrine Effects of Adipose-Derived Mesenchymal Stem Cells in a Bovine Model of Osteoarthritis

To be completed by the Qualified Scientist:

Scientist Name: Daniel A. Grande, PhD

Educational Background: Musculoskeletal Biology

Degree(s): B.S., Ph.D

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

Professor/Orthopedic Surgery

Feinstein Institute for Medical Research

Position:

Institution:

35j0 Community Drive, Manhasset, NY 11030

dgrande@northwell.edu /516-562-1138

Address:

Email/Phone:

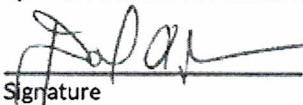
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|---|---|--|
| 1. Have you reviewed the ISEF rules relevant to this project? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will any of the following be used? | | |
| a. Human participants | <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes | <input 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Will you directly supervise the student? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

Daniel A. Grande, PhD

Qualified Scientist's Printed Name



Signature

06/26/19

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