

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) Rachel Bocian

Title of Project A Novel Cationically Framed High Density Aromatic Peptide, A2, Mitigates Mitochondrial Dysfunction and Promotes Cell Survival Via Reduction of ROS and Maintenance of Mitochondrial Inner Membrane Potential

To be completed by the Qualified Scientist:

Scientist Name: Alexander Birk

Educational Background: Biochemist with 10+ years experience in solid state synthesis and chemical pharmacology. Degree(s): PhD

Experience/Training as relates to the student's area of research 10+ years training as biochemist

Assistant Professor

Position:

94-20 Guy R Brewer Blvd, Jamaica, NY 11451

Address:

CUNY York College

Institution:

abirk@york.cuny.edu / (917) 670-5469

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.

Alexander Birk

Qualified Scientist's Printed Name

[Signature]

Signature

7/11/19

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