

## 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) Matthew Friedman

Title of Project Optimization of Murine Organoids in Modeling Prostate Cancer Through Infection With Adenovirus Containing Cre

To be completed by the Qualified Scientist:

Scientist Name: Dawid Nowak

Educational Background: Cancer Biology

Degree(s): PhD

Experience/Training as relates to the student's area of research: 15+ years conducting cancer research

Assistant Professor

Position:

413 East 69th Street, NY, NY

Address:

Weill Cornell Medicine

Institution:

dgn2001@med.cornell.edu

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? Caroline Buckholtz
  - b. Experience/Training of the Designated Supervisor:  
2+ years working in a research lab as a technician

### 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.

Dawid Nowak

Qualified Scientist's Printed Name

Signature

7/2/19

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.

Caroline Buckholtz

Designated Supervisor's Printed Name

Caroline B.

Signature

07/01/19

Date of Approval (mm/dd/yy)

646-962-6169

Phone

c1b2014@med.cornell.edu

Email