

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) Sarah Keane

Title of Project The Effects of Membrane Stress and Defects on Lipoprotein Maturation of Acinetobacter Baylyi Δ Int

To be completed by the Qualified Scientist:

Scientist Name: Dr. Nathan Rigel

Educational Background: Microbiology and Immunology

Degree(s): PhD

Experience/Training as relates to the student's area of research: PhD in Immunology and Microbiology

Associate Professor of Biology

Hofstra University

Position:

Institution:

318A Gittleson Hall, Hofstra University, Hempstead, NY

nathan.w.rigel@hofstra.edu/(516) 463-6542

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 ☐ 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? Ms. Mary Simons, Biology Teacher
 - b. Experience/Training of the Designated Supervisor:
Ms. Mary Simons will directly supervise Sarah in her high school lab. Ms. Simons has worked as a technician in a microbiology lab at Stony Brook University. I will discuss the methods that Sarah will need to use in her school lab.

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.

Nathan Rigel

Qualified Scientist's Printed Name

Nathan Rigel 8/19/19
Signature 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.

Mary Simons

Designated Supervisor's Printed Name

Mary Simons 8/19/19
Signature Date of Approval (mm/dd/yy)

516-592-4380

Phone

msimons@seaford.k12.ny.us

Email