

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) Kyle Cheng

Title of Project Multifaceted approach to eradicate the lethal plant pathogen, Botrytis cinerea, by examining the role of proteins ADF4, ILR3, XendH, and FIS2

To be completed by the Qualified Scientist:

Scientist Name: Bruce Proctor

Educational Background: MSU Bachelors of Science

Degree(s): Genetics / Microbiology

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

Lab Tech

Position:

1066 Bogue Street

Address:

Michigan State University

Institution:

procto53@msu.edu, (586) 995-6657

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.

BRAD DAY

Qualified Scientist's Printed Name

[Signature]

Signature

07/11/19

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.

Bruce Proctor

Designated Supervisor's Printed Name

[Signature]

Signature

06/07/19

Date of Approval (mm/dd/yy)

5869956657

Phone

procto53@msu.edu

Email