

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) Pardiss Mehrzad

Title of Project The Effects of Chronic Insulin Exposure on Triglyceride Transfer Protein (MTP) Activity and Expression in Adipocytes

To be completed by the Qualified Scientist:

Scientist Name: Dr. Mahmood Hussain

Educational Background: Skilled in Clinical Research, Medical Education, and Cell Biology

Degree(s): PhD

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

research: Internationally renowned expert and leader in lipid biology and cardiovascular disease.

Director of Diabetes and Obesity Research

NYU-Winthrop Hospital

Position:

Institution:

101 Mineola Blvd, Mineola, NY

516-663-1428/ mhussain@winthrop.org

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? Dr. Sujith Rajan
 - b. Experience/Training of the Designated Supervisor:

Dr. Rajan is a post-doc. with 10 years of experience in the field of diabetes and obesity research

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.

Dr. Mahmood Hussain

Qualified Scientist's Printed Name



09/03/19

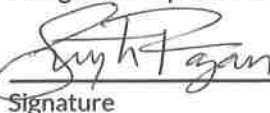
Date of Approval (mm/dd/yy)

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.

Dr. Sujith Rajan

Designated Supervisor's Printed Name



Signature

09/03/19

Date of Approval (mm/dd/yy)

516-663-1428

Phone

sujith.rajan@nyulangone.org

Email