

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) Giselle Rasquinha

Title of Project Lipid-conjugated HIV-1 Fusion Inhibitor Exhibits Enhanced Potency and Increased Serum Half-life

To be completed by the Qualified Scientist:

Scientist Name: Dr. Lanying Du

Educational Background: Doctorate in Virology

Degree(s): PhD

Experience/Training as relates to the student's area of research: more than 20 years

Head, Viral immunology

LFKRI, New York Blood Center

Position:

Institution:

310 E. 67th St., New York

ldu@nybc.org

Address:

Email/Phone:

- | | | |
|---|---|--|
| 1. Have you reviewed the ISEF rules relevant to this project? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will any of the following be used? | | |
| a. Human participants | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hazardous substances and devices | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Will this study be a sub-set of a larger study? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Will you directly supervise the student? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If no, who will directly supervise and serve as the Designated Supervisor? | <u></u> | |
| b. Experience/Training of the Designated Supervisor: | <u></u> | |

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. Lanying Du

Qualified Scientist's Printed Name



Signature

July 01, 2019

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