

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) Seunguk Baek

Title of Project The Evaluation of the Therapeutic Potential of Orlistat in a Mouse Model of HHT

To be completed by the Qualified Scientist:

Scientist Name: Philippe Marambaud

Educational Background: Biology Degree(s): PhD

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

Professor, Lab Director

Position: Professor Institution: Feinstein Institutes

Address: 350 Community Dr. Manhasset, NY 11030 Email/Phone: 516-562-3493

1) Have you reviewed the Intel ISEF rules relevant to this project? ☒ Yes ☐ 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Hazardous substances and devices | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

Philippe Marambaud

Qualified Scientist's Printed Name


Signature

Digitally signed by member:
D0CCEFE-6046-4A53-99C5-050A4E4E7508
2813E20A-FFFA-405A-B29B-D0CC091271A1
Date: 2018.08.28 11:25:47 -0400

8/28/19

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.

Designated Supervisor's Printed Name

Signature

Date of Approval (mm/dd/yy)

Phone

Email