

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) Sanjana Ahmed

Title of Project Volumetric measurements provide a differential diagnosis of schizophrenia from related disorders

To be completed by the Qualified Scientist:

Scientist Name: Dr. Tim Duong

Educational Background: NYS University at Stony Brook, Washington University, University of Minnesota

Degree(s): BS/BS, MA, Ph.D Postdoc

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

research: Professor and Vice Chair for Research, Radiology, Director for MRI Research, Director of Preclinical MRI Center

Vice President for Radiology Research

Stony Brook Hospital: Department Of Radiology

Position:

Institution:

4 Indian Valley Rd, Setauket NY, 11733

tim.duong@stonybrookmedicine.edu

Address:

Email/Phone:

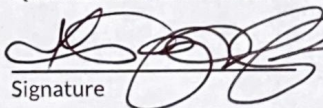
1. Have you reviewed the ISEF rules relevant to this project? ☒ Yes ☒ No
2. Will any of the following be used?
- | | | |
|---|------------------------------|--|
| a. Human participants | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals | <input type="checkbox"/> 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 type="checkbox"/> Yes | <input checked="" 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? Patricia Stefancin
- b. Experience/Training of the Designated Supervisor:
Masters degree in cognitive neuroscience and human neuroimaging

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. Tim Duong, PhD

Qualified Scientist's Printed Name



06/24/19

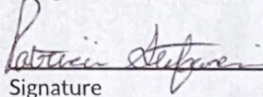
Date of Approval (mm/dd/yy)

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.

Patricia Stefancin

Designated Supervisor's Printed Name



Signature

06/24/19

Date of Approval (mm/dd/yy)

4199080544

Phone

patricia.stefancin@stonybrookmedicine.edu

Email