

## 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) Katherine St George

Title of Project The Effect of Caffeine Intake and Dietary Restriction on Seizure Intensity  
in *Drosophila melanogaster*

### To be completed by the Qualified Scientist:

Scientist Name: Ted Brummel

Educational Background: University of Ca. Irvine/Caltech

Degree(s): Ph.D. Molecular Genetics

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

I have a Ph.D. in the molecular genetics of TGF-beta signaling in early *Drosophila* development. I did a Post Doc on the Genetics of Aging in *Drosophila*. I have been a faculty member at two Universities where I have mentored roughly 50 students (over thirty of them high school students) on a variety of projects involving *Drosophila*.

Position: Associate Professor of Biology

Institution: LIU Post

Address: 720 Northern Blvd Brookville NY 11548

Email/Phone: tbrummel@liu.edu

- 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 ☐ 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.

Ted Brummel

Qualified Scientist's Printed Name

Ted Brummel  
Signature

06/20/19  
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