

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) Theresa Haupt

Title of Project Mechanism of Outer Membrane Vesicle and Tube Formation in Francisella

To be completed by the Qualified Scientist:

Scientist Name: David G. Thanassi

Educational Background: Microbiology/Bacterial pathogenesis Degree(s): Ph.D.

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

research: 20+ years of experience performing and supervising research on mechanisms of bacterial pathogenesis

Professor and Chair

Stony Brook University

Position:

Institution:

Department of Molecular Genetics

david.thanassi@stonybrook.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 ☐ 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? Maheen Rashid
 - b. Experience/Training of the Designated Supervisor:

More than 5 years experience doing basic science research in microbiology.

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.

David G. Thanassi

Qualified Scientist's Printed Name

David G. Thanassi

Signature

06/21/19

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.

Maheen Rashid

Designated Supervisor's Printed Name

Maheen

Signature

06/21/19

Date of Approval (mm/dd/yy)

631-997-8432

Phone

maheen.rashid@stonybrook.edu

Email