

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) Tej Verma

Title of Project Determining the effects of iron oxide nanoparticles on the inhibition of macropinocytosis

To be completed by the Qualified Scientist:

Scientist Name: Jan Grimm

Educational Background: Physician scientist

Degree(s): MD, PhD

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

Dr. Jan Grimm has extensive experience training and mentoring younger students in benchside scientific research.

Position: Associate Member

Institution: Memorial Sloan Kettering Cancer Center

Address: 417 E 68th St, New York, NY

Email/Phone: 646-888-3095

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 checked="" type="checkbox"/> Yes | <input 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? Evan Stater

b. Experience/Training of the Designated Supervisor:

Evan Stater has 8 years of benchside scientific research experience, including proper safety training for laboratory biological and chemical hazards. He also has prior experience instructing new researchers in safety protocols, biological science techniques, experimental design, and data analysis.

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.

Jan Grimm

Qualified Scientist's Printed Name

Signature

07/11/18

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.

Evan Stater

Designated Supervisor's Printed Name

Signature

05/12/19
Date of Approval (mm/dd/yy)

646-888-3101

Phone

evs2007@med.cornell.edu

Email