

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) Shourav Saha

Title of Project The Role of YY1 in the Modulation of Podocyte Molecular Phenotype in High Glucose Conditions

To be completed by the Qualified Scientist:

Scientist Name: Pravin C. Singhal

Educational Background: Doctor of Nephrology

Degree(s): MD, ABIM

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

research: Internal Medicine, American Board of Internal Medicine; Nephrology/Hypertension, American Board of IM/Nephrology; Chief Emeritus of Medicine, Kidney Diseases and Hypertension, Long Island Jewish Medical Center; Chief Emeritus of Medicine, Kidney Diseases and Hypertension, North Shore

Principal Investigator

Position:

350 Community Drive, Manhasset, NY 11030

Address:

Feinstein Institute of Medical Research

Institution:

psinghal@northwell.edu. (516) 465-3010

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? Alok Jha
 - b. Experience/Training of the Designated Supervisor:

PhD, Bioinformatics (postdoctorate position); experienced in bioinformatics, molecular dynamics, and cell biology/molecular biology procedures

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. P.C. Singhal
Qualified Scientist's Printed Name

[Signature]
Signature

07/1/2019
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.

ALOK JHA
Designated Supervisor's Printed Name

[Signature]
Signature

07/01/2019
Date of Approval (mm/dd/yy)

(516) 562-3467
Phone

Ajha1@northwell.edu
Email