

## 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) Lauren Kitts

Title of Project The Effect of Diet on Immune Cells in Humanized Gnotobiotic Mice colonized with IBD microbiomes

### To be completed by the Qualified Scientist:

Scientist Name: Jeremiah Faith

Educational Background: Assistant Professor Degree(s): PhD

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

I have worked in the field of the gut microbiome for >10 years. I lead a laboratory of 8-12 scientists dedicated to understanding the impact of the human gut microbiome and diet on human disease with an emphasis of Inflammatory Bowel Disease.

Position: Assistant Professor Institution: Icahn School of Medicine at Mount Sinai

Address: One Gustave Levy Pl Box 1498 Email/Phone: jeremiah.faith@mssm.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   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals   | <input checked="" type="checkbox"/> Yes | <input 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 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? Sophia Siu

b. Experience/Training of the Designated Supervisor:

Graduate of Dartmouth College with >1yr experience in laboratory research.

### 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.

Jeremiah Faith

Qualified Scientist's Printed Name

Jeremiah Faith Digitally signed by Jeremiah Faith

Signature

7/03/2019

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.

Sophia Siu  
Designated Supervisor's Printed Name

[Signature]  
Signature

7-8-19  
Date of Approval (mm/dd/yy)

646-379-0386  
Phone

sophia.siu2@mssm.edu  
Email