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Title of Project The AVP-subpopulations invol	
To be completed by the QUALIFIED SCIENTIST/DESIG questions are applicable and must be answered; additi	NATED SUPERVISOR in collaboration with the student researcher(s). All onal page(s) may be attached.
SECTION 1: PROJECT ASSESSMENT	
Broap of each fill of gallistil,	used in this experiment. Include the source, quantity and the biosafety level risk
PRESH FROZEN BRAIN TISSUE FROM MICE (STRA	IN: C578L67, SOURCE JACKSON'S LABS). BSL 1
Describe the site of experimentation including the level	l of biological containment.
THE LAB IS EQUIPPED WITH A FUME HOOD	(BSL 2)
3. Describe the procedures that will be used to minimize	risk (personal protective equipment, hood type, etc.).
TISSUE AND CHEMICALS ARE ALWAYS HAND 4. What final biosafety level do you recommend for this p	LED WITH GLOVES
BSL 1	
5. Describe the method of disposal of all cultured materia	is and other potentially hazardous biological agents.
LEFTOVER TISSUE NOT USED FOR THE ASSAY IS	COLLECTED IN BIOHAZARD BINS AND INCLNERATED BY A THIED P
What training will the student receive for this project?	TV HYBRIDIZATION (DETECTION OF MRNA) IN PLEVIOUSLY COLLECTED TISK
2. Experience/training of Designated Supervisor as it rela BSC AND MSC IN NEUROSCIENCE. LAB RESEA	tes to the student's area of research life and the LLA
DESIGNATED SOPERVISOR - Check the appropriate box D Experimentation on the microorganisms/cell/lines/fissures	ND TISSUES — To be completed by the QUALIFIED SCIENTIST or (es) below: to be used in this study will NOT be conducted at a Regulated Research Institution, but will bry. This study has been reviewed by the local SRC and the procedures have been approved
Origin of cell lines: 1154E FROM REGULAR (NOT THANSFEARC) LAB THICE	Date of IACUC/IBC approval 5/16/2018
☐ Experimentation on the microorganisms/cell lines/tissues +	o be used in this study will be conducted at a Regulated Research Institution, which does reviewed that the student received appropriate training and the project complies with ISEF
CERTIFICATION – To be SIGNED by the QUALIFIED SCIE	NTIST or DESIGNATED SUPERVISOR
The QS/DS has seen this project's research plan and supporting bove. This study has been approved as a (check one) 💆 BSL-1	ng documentation and acknowledges the accuracy of the information provided Discretely, and will be conducted in an appropriate laboratory.
ILARIA CARTA	la-la-
QS/DS Printed Name	Signature
6/24/2019	
Date of review (mm/dd/yy)	
SECTION 4: CERTIFICATION - To be completed by the LC	
The SRC has seen this project's research plan and supporting docu	mentation and acknowledges the accuracy of the information provided above.
RC Printed Name	Signature
Pate of review (mm/dd/yy)	