

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) Sari Strizik

Title of Project Neuronal HMGB1 Facilitates the Inflammatory Response via Increased Release of Proinflammatory Cytokines

To be completed by the Qualified Scientist:

Scientist Name: Dr. Huan Yang

Educational Background: Studied at University of Wisconsin-Madison and Hubei Medical College

Degree(s): PhD, MD

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

research: Past and ongoing publications on studies relating to HMGB1

Associate Professor

Feinstein Institute for Medical Research

Position:

Institution:

50 Community Dr, Manhasset, NY 11030

hyang@northwell.edu/(516) 562-3467

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?

b. Experience/Training of the Designated Supervisor:

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. Huan Yang

Qualified Scientist's Printed Name

Huan Yang
Signature

06/20/2019

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.

Designated Supervisor's Printed Name

Signature

Date of Approval (mm/dd/yy)

Phone

Email