

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) Tong Ye

Title of Project Investigations into the Significance of Epidermal Fatty Acid Binding Protein (FABP5) in Breast Cancer Survival and Design of Novel FABP5 Inhibitors

To be completed by the Qualified Scientist:

Scientist Name: Iwao Ojima

Educational Background: University of Tokyo

Degree(s): Ph.D.

Experience/Training as relates to the student's area of research: Distinguished Professor with 30+ years of organic chemistry experience

Distinguished Professor

Stony Brook University

Position:

Department of Chemistry, SUNY at Stony Brook
Stony Brook, New York 11794-3400 USA

Institution:

Iwao.Ojima@stonybrook.edu/(631) 632-1339

Address:

Email/Phone:

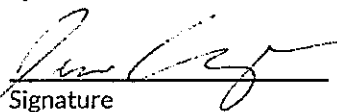
1. Have you reviewed the ISEF rules relevant to this project? ☒ Yes ☐ No
2. Will any of the following be used?
- a. Human participants ☐ Yes ☒ No
 - b. Vertebrate animals ☐ Yes ☒ No
 - c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) ☒ 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? Hehe Wang
- b. Experience/Training of the Designated Supervisor:
Graduate student with experience in organic chemistry

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.

Iwao Ojima

Qualified Scientist's Printed Name



Signature

06/01/19

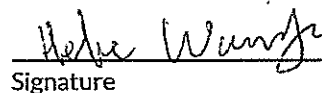
Date of Approval (mm/dd/yy)

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.

Hehe Wang

Designated Supervisor's Printed Name



Signature

06/01/19

Date of Approval (mm/dd/yy)

513-593-4461

Phone

Hehe.Wang@stonybrook.edu

Email