

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) Sarah John & Rosalinda Adams

Title of Project Exploring the Acute Toxic Effects of Benzo[a]pyrene-3 on Global DNA Methylation in *Saccharomyces cerevisiae* Yeast.

To be completed by the Qualified Scientist:

Scientist Name: Ilsema Rios, PhD

Educational Background: PhD in Cell & Molecular Biology

Degree(s): Ph.D.

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

Teacher/Mentor

Position:

107 West 98th NY NY

Address:

Trinity School

Institution:

ilsema.rios@trinityschoolnyc.org

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:

PhD in Cell & Molecular Biology

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.

Ilsema Rios PhD

Qualified Scientist's Printed Name

Ilsema Rios

Signature

12/12/19

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.

Paul Cernota

Designated Supervisor's Printed Name

Paul D. Cernota

Signature

12/13/19

Date of Approval (mm/dd/yy)

212-932-6839

Phone

paul.cernota@trinityschoolnyc.org

Email