

## 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) Cheryl Chang

Title of Project Suggesting possible functions of GABRB3 and establishing a connection between GABRB3 absence and the onset of Autism Spectrum Disorder

### To be completed by the Qualified Scientist:

Scientist Name: Rachel Babij

Educational Background: University of Virginia, Weill Cornell Medical College

Degree(s): BS, Chemical Engineering, UVA

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

I have been working in the lab of Dr. Natalia De Marco Garcia for 4 years as a graduate student, and my project is investigating the role of altered inhibition via deletion of the GABA-A receptor subtype beta-3, the mouse used in Cheryl's project. I have extensive experience with viral tracing, anatomical investigations, and genetic techniques.

Position: MD-PhD Candidate

Institution: Weill Cornell Medical College

Address: 413 E 69th Street Rm 1060

Email/Phone: rab2037@med.cornell.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

☐ 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.

Rachel Babij

Qualified Scientist's Printed Name

Rachel Babij

Signature

09/24/19

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.

Designated Supervisor's Printed Name

Signature

Date of Approval (mm/dd/yy)

Phone

Email