

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) Arpie Bakhshian
Title of Project The Development of a CRISPR/Cas9 System with Nanoblades in Order to Stud

To be completed by the Qualified Scientist:

Scientist Name: M. Alejandra Gutierrez-Guerrero

Educational Background: Biomedicine

Degree(s): PhD

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

I did my PhD in the area of Gene editing and Gene therapy

Position: Postdoctoral associate

Institution: Weill Cornell Medicine

Address: 413 E69th Street, New York 10021, NY

Email/Phone: mag2965@med.cornell.edu/6469626316

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 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Hazardous substances and devices | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

M. Alejandra Gutierrez-Guerrero

Qualified Scientist's Printed Name

M. Alejandra Gutierrez-Guerrero

Digitally signed by M. Alejandra Gutierrez-Guerrero
Date: 2019.12.05 07:18:35 -05'00'

06/26/19

Date of Approval (mm/dd/yy)

Signature

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.

Julie Magarian Blander

Designated Supervisor's Printed Name

J Magarian Blander

Digitally signed by J Magarian Blander
Date: 2019.12.04 23:07:39 -05'00'

06/26/19

Signature

Date of Approval (mm/dd/yy)

646-962-6741

Phone

jmblander@med.cornell.edu

Email