

## 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) Yujia Li

Title of Project Intracellular Trafficking of Ajuba in Human Cells

### To be completed by the Qualified Scientist:

Scientist Name: Diego Loayza

Educational Background: Ph.D. Cell biology

Degree(s): M.A., Ph.D.

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

Faculty has led research as part of laboratory research at Hunter College, Dept of Biological Sciences, for over 13 years. 4 students graduated with a Ph.D., and the lab has training many students at the undergraduate or high school level.

Position: Associate Professor

Institution: Hunter College

Address: 695 Park Avenue

Email/Phone: diegol@genectr.hunter.cuny.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.

Diego Loayza

Qualified Scientist's Printed Name

Diego Loayza Digitally signed by Diego Loayza  
Date: 2019.07.10 12:40:29 -0400

Signature

07/10/19

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