Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Anushka Rajagopalan

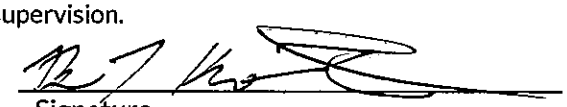
Title of Project Determining the influence of stent deployment on thrombus formation in patient-specific models

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist:
(All questions must be answered; additional page(s) may be attached.)

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
   Dilute citric acid (20%), vegetable rennet (active enzyme, 10%), dry-milk powder (11.5%), 3D heart simulator (encased motor with safety switch), heated water bath, CT scanner (student will never enter room with x-ray source).
2. Identify and assess the risks involved in this project.
   Risk of exposure/ingesting mildly-hazardous chemicals (citric acid, rennet) while producing/using it.
   Risk of radiation from CT machine (though student will be in a shielded control room)
3. Describe the safety precautions and procedures that will be used to reduce the risks.
   Use of gloves, safety glasses and lab coat when making enzymes/milk. Student will be in shielded control room during CT scan. Will complete a lab safety training course prior to experiments to understand the rules and regulations of a laboratory.
4. Describe the disposal procedures that will be used (when applicable).
   Will dispose milk/enzymes/water through sink with dilution. TAVR valve/3D heart simulator will be cleaned after each experimentation with detergent/double distilled water. Used disposable materials will be thrown out in a biohazard waste bin.
5. List the source(s) of safety information.
   On-site safety training, Intra-lab safety training, SDS (Safety Data Sheet): available through lab and PPE (Personal Protective Equipment). At no point will student work without a mentor/supervisor present.

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable):
I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.

Brandon Kovarovic — Designated Supervisor's Printed Name

 — Signature

11/02/19 — Date of Review (mm/dd/yy)

PhD Candidate, Stony Brook Hospital — Position & Institution

9147032649 — Phone or email contact information

Engineer, 8 years — Experience/Training as relates to the student's area of research