

## 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) Drisana Shanthan

Title of Project Synthesis and Cancer Cell Cytotoxic Studies of Styryl Benzylsulfone

### To be completed by the Qualified Scientist:

Scientist Name: Dr. M V Ramana Reddy

Educational Background: Medicinal Chemistry/ Molecular Biology Degree(s): Ph.D

Experience/Training as relates to the student's area of research: Has been working for 40 years on novel drug design, synthesis and their mode of action in cancer and other

<u>Associate Professor</u>	<u>Icahn School of Medicine at Mount Sinai</u>
<u>Position:</u>	<u>Institution:</u>
<u>1425 Madison Ave. Rm #1681, New Y</u>	<u>r.reddy@mssm.edu 212-659-6875</u>
<u>Address:</u>	<u>Email/Phone:</u>


1. Have you reviewed the 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 type="checkbox"/> Yes	<input checked="" 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? Dr. Bharath Kumar
  - b. Experience/Training of the Designated Supervisor:  
10 years of experience in organic synthesis and development of new

### 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.

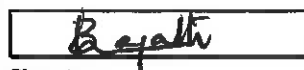
Dr. M V Ramana Reddy  
Qualified Scientist's Printed Name

<u></u>	<u>7/29/19</u>
Signature	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.

Dr. Bharath  
Designated Supervisor's Printed Name

<u></u>	<u>7/29/2019</u>
Signature	Date of Approval (mm/dd/yy)

<u>646 743 4789</u>	<u>gbkiict@gmail.com</u>
Phone	Email