

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) Ayra Khan

Title of Project Specific Dinucleotide Repeat siRNAs Decrease Proliferation and Viability of Human Ovarian Carcinomas via a DISE-dependent Mechanism

To be completed by the Qualified Scientist:

Scientist Name: Dr. Marcus Peter

Educational Background: University of Bayreuth Germany (Degree(s): PhD

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

research: Thomas D. Spivey Professor of Cancer Metabolism, Department of Medicine, Division Hematology/Oncology, Member and Program Leader "Translational Research in Solid Tumors (TRISTY)" Robert H. Lurie Comprehensive Cancer Center

Professor

Northwestern University Feinberg School of Medicine

Position:

Institution:

303 East Superior Street Lurie 6-123 Chicago, IL 60611

m-peter@northwestern.edu/312-503-1291

Address:

Email/Phone:

1. Have you reviewed the ISEF rules relevant to this project?

☒ Yes ☐ No

2. Will any of the following be used?

- a. Human participants
- b. Vertebrate animals
- c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products)
- d. Hazardous substances and devices

☐ Yes ☒ No
☐ Yes ☒ No
☒ Yes ☐ No
☐ 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?

Andrea Murmann

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.

Marcus Peter

Qualified Scientist's Printed Name

[Signature]

Signature

06/28/19

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.

Andrea Murmann

Designated Supervisor's Printed Name

[Signature]

Signature

06/28/19

Date of Approval (mm/dd/yy)

312-503-1291

Phone

a-murmann@northwestern.edu

Email