

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and DEA-controlled substances. Must be completed and signed before the start of student experimentation.

Student's Name(s) Asha Rath

Title of Project Assessing the Pathological Effect of Maternal Malnourishment and Fetuin-B on Placental Tissues

To be completed by the Qualified Scientist:

Scientist Name: Brian Ratliff

Educational Background: BIOMEDICAL Degree(s): Ph.D.

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

- 20 years of biomedical laboratory research exp. on all levels (undergrad, graduate, postdoctoral, PI)
- 12 years of exp running my own lab at NYMC

Position: Assistant Professor

New York Medical College

Address:

Institution:

15 Dana Rd.

brian_ratliff@nymc.edu

Address:

Email/Phone:

- 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. DEA-controlled substances ☐ Yes ☒ No
3. Was this study 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? May Rabadi

b. Experience/Training of the Designated Supervisor:

10 years of biomedical laboratory research experience.
PhD/postdoc experience and instructor.

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.

Brian Ratliff

Qualified Scientist's Printed Name

Brian Ratliff

Signature

6/27/19

Date of Approval

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.

May Rabadi

Designated Supervisor's Printed Name

May Rabadi

Signature

6/27/19

Date of Approval

914-907-9544

Phone

may_rabadi@nymc.edu

Email