

Qualified Scientist Form (2)

Required for research involving pathogens; may be required for research involving rDNA, vertebrate animals, controlled substances and humans. Must be signed prior to the start of student experimentation.

Student's Name _____

Title of Project _____

To be completed by the Qualified Scientist (qualifications must be in student's area of research):

Scientist's Name _____

Advanced Degree _____ Degree Specialty (must be stated) _____

If degree does not clarify qualifications in student's area of research, please explain:

Position: _____ Institution: _____

Address: _____ Email/Phone: _____

- 1) Will vertebrate animals be used? yes no
a) If yes, were alternatives (see page 15) explored? yes no
b) Could this project cause pain or distress to the vertebrate animal(s)? yes no
c) Does this project duplicate previously published research? yes no

If yes to any of the above (a, b, c) please explain and justify: _____

- 2) Will human subjects be used? yes no
3) Will controlled substances be used? yes no
(includes DEA classed substances, prescription drugs, alcohol and tobacco)
If yes, a) Will they be used according to existing local, state and federal regulations? yes no

b) Please list the name(s) of the controlled substance(s): _____

- 4) Will recombinant DNA be used? yes no
5) Will pathogenic or potentially pathogenic agents be used? yes no

If yes, name(s) _____

If yes, will accepted procedures be used? yes no

- 6) Will tissues or body fluids be used? yes no
7) Will hazardous substances be used? yes no
8) Will you directly supervise the student(s)? yes no

If yes, please explain what safety precautions will be taken in this study: _____

I certify that I have reviewed and approved the **Research Plan (1A)** and **Attachment** 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 (1A)** and **Attachment**. If an addictive substance is used in this research, I certify that I possess a DEA license required for procuring and dispensing an addictive substance. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Qualified Scientist's Printed Name _____

Signature _____

Date of Approval _____
(Must be prior to experimentation.)