

## 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.)