

QUALIFIED SCIENTIST FORM (2)

Required for research projects involving controlled substances, potentially hazardous biological agents, vertebrate animals, humans, humans and vertebrate animal tissues. Must be signed prior to the start of student's experimentation.

The Qualified Scientist and the Mentor can be the same person provided that the professional's qualification is in the student's area of research.

Project title:

Student(s)'s name(s):

To be completed by the QUALIFIED SCIENTIST:

Scientist's name:

Degree:

Experience/Training in the student's area of research:

Position:

Institution:

Address:

E-mail:

Telephone:

1) Were you informed of MOSTRATEC Research Rules prior experimentation?

() Yes () No

2) Does the research involve any of the items below? Mark them::

() Humans (including opinion poll)

() Vertebrate animals

() Potentially Hazardous Biological Agents

() Controlled Substances

() Human and vertebrate animal tissues

3) Will you directly supervise the student(s)? () Yes () No

If NOT,

a) Who will supervise and serve as the Designated Supervisor of the research? _____

b) Experience/Training of the Designated Supervisor:

4) Is the student(s) research part of your research or work? () Yes () No

If YES, enter the title of your project: _____

5) Describe the safety cares and necessary training for this project:

TO BE COMPLETED BY THE QUALIFIED SCIENTIST - QS:

I certify that I reviewed and approved the **Research Plan**, prior the experimentation. If the student(s) or the Designated Supervisor is not trained in the necessary procedures, I will assure his/her training and supervision during the research. I know how the techniques to be used by the student in the **Research Plan** work. If an addictive substance is used in this research, I will certify that I have the qualified license. I understand that a Designated Supervisor's indication is necessary when the student(s) is not conducting the experimentation under my direct supervision.

Signature: _____

Printed QS's name:

Approval date:

Telephone:

E-mail:

TO BE COMPLETED BY THE DESIGNATED SUPERVISOR (DS), WHEN THE QUALIFIED SCIENTIST (QS) CANNOT DIRECTLY SUPERVISE THE RESEARCH:

I certify that I have been trained in the techniques that will be used by the student(s), prior the experimentation and that I will provide direct supervision.

Signature: _____

Printed DS's name:

Date of approval:

Telephone:

E-mail: