Checklist for Adult Sponsor (1)

This completed form is required for ALL projects.

ISEF forms are fillable, so you can type in responses within the PDF file and then print.

To be completed by the Adult Sponsor in collaboration with the student researcher(s):

Student's Name(s): _____

Project Title: _____

Fillable forms should make it easier to fit student names, long titles and more.

1. ☐ I have reviewed the ISEF Rules and Guidelines, including the science fair ethics statement.
2. ☐ I have reviewed the student's completed Student Checklist (1A) and Research Plan/Project Summary.
3. ☐ I have worked with the student and we have discussed the possible risks involved in the project.
4. ☐ The project involves one or more of the following and requires prior approval by an SRC, IRB, IACUC or IBC:
   - ☐ Humans
   - ☐ Vertebrate Animals
   - ☐ Potentially Hazardous Biological Agents
     - ☐ Microorganisms ☐ rDNA ☐ Tissues
5. ☐ Items to be completed for **ALL PROJECTS**
   - ☐ Adult Sponsor Checklist (1)
   - ☐ Student Checklist (1A)
   - ☐ Research Plan/Project Summary
   - ☐ Approval Form (1B)
   - ☐ Regulated Research Institutional/Industrial Setting Form (1C) (when applicable; after completed experiment)
   - ☐ Continuation/Research Progression Form (7) (when applicable)

Only check the boxes that are appropriate to **your** research project.

Additional forms required if the project includes the use of one or more of the following (check all that apply):

☐ **Humans,** including student designed inventions/prototypes. (Requires prior approval by an Institutional Review Board (IRB); see full text of the rules.)
- ☐ Human Participants Form (4) or appropriate Institutional IRB documentation
- ☐ Sample of Informed Consent Form (when applicable and/or required by the IRB)
- ☐ Qualified Scientist Form (2) (when applicable and/or required by the IRB)

☐ **Vertebrate Animals** (Requires prior approval, see full text of the rules.)
- ☐ Vertebrate Animal Form (5A) - for projects conducted in a school/home/field research site (SRC prior approval required
- ☐ Vertebrate Animal Form (5B) - for projects conducted at a Regulated Research Institution. (Institutional Animal Care and Use Committee (IACUC) approval required prior experimentation.)
- ☐ Qualified Scientist Form (2) (Required for all vertebrate animal projects at a regulated research site or when applicable)

☐ **Potentially Hazardous Biological Agents** (Requires prior approval by SRC, IACUC or IBC, see full text of the rules.)
- ☐ Potentially Hazardous Biological Agents Risk Assessment Form (6A)
- ☐ Human and Vertebrate Animal Tissue Form (6B) - to be completed in addition to Form 6A when project involves the use of fresh or frozen tissue, primary cell cultures, blood, blood products and body fluids.
- ☐ Qualified Scientist Form (2) (when applicable)
- ☐ The following are exempt from prior review but require a Risk Assessment Form 3: projects involving protists, archae and similar microorganisms, for projects using manure for composting, fuel production or other non-culturing experiments, projects using color change coliform water test kits, microbial fuel cells, and projects involving decomposing vertebrate organisms.

☐ **Hazardous Chemicals, Activities and Devices** (No SRC prior approval required, see full text of the rules.)
- ☐ Risk Assessment Form (3)
- ☐ Qualified Scientist Form (2) (required for projects involving DEA-controlled substances or when applicable)

☐ **Other**
- ☐ Risk Assessment Form (3)

This is usually the **science/research teacher or parent**, not the project mentor (if those are different).

This must be dated before the "Actual Start Date" on Form 1A.

☐ **I attest to the information checked ab[illegible]nd agree to abide by the science fair ethics statement.**

Adult Sponsor's Printed Name _____ Signature _____ Date of Review (mm/dd/yy) _____

Phone _____ Email _____

Student Checklist (1A)

This form is required for ALL projects.

This form is unique to each **project** not each student.

1. a. Student/Team Leader: _____ Grade: _____

   Email: _____ Phone: _____

   b. Team Member: _____ c. Team Member: _____

2. Title of Project: _____

   _____

3. School: _____ School Phone: _____
   (if multiple schools, list of the team leader or list all schools).

   School Address: _____

   _____

4. Adult Sponsor: _____ Phone/Email: _____

   This is usually the teacher (or parent), not the research mentor (if different).

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: _____

6. Is this a continuation/progression from a previous year? ☐ Yes ☒ No
   If Yes:
   a. Attach the previous year's ☐ Abstract **and** ☐ Research Plan/Project Summary
   b. Explain how this project is new and different from previous years on
   ☐ Continuation/Research Progression Form (7)

   This defaults to "No" but change it for your project, if appropriate.

   IF the student has continued their project, this year's poster should focus on the work from the current year.

7. This year's experimentation/data collection:

   This should be the date that the student(s) actually started collecting data.

   _____ _____
   Actual Start Date: (mm/dd/yy) End Date: (mm/dd/yy)

8. Where will you conduct your experimentation? (check all that apply)
   ☐ Research Institution ☐ School ☐ Field ☐ Home ☐ Other: _____

9. Source of Data:
   ☐ Collected self/mentor ☐ Other Describe/url: _____

   Don't forget to say where you got your data (if other than yourself/mentor)

10. List the name and address of all non-home and non-school work site(s), whether you worked there virtually or on-site:

    Name _____ _____

    Address: _____ _____

    _____ _____

    Phone/email _____ _____

11. **Complete a Research Plan/Project Summary following the Researc[h] instructions and attach to this form.**

12. **An abstract is required for all projects after experimentation.**

Every project must have a **detailed** Research Plan that is **written and approved BEFORE** the project begins.

Research Plan/Project Summary Instructions

A complete Research Plan/Project Summary is required for ALL projects and must accompany Student Checklist (1A).

- All projects must have a Research Plan/Project Summary
  a. The Research Plan is to be written prior to experimentation following the instructions below to detail the rationale, research question(s), methodology, and risk assessment of the proposed research.
  b. If changes are made during the research, such changes can be that some changes may require returning to the IRB or SRC for required, this addendum serves as a project summary to explai
  c. If no changes are made from the original research plan, no proj
     - Some studies, such as an engineering design or mathemat change through the course of research. If such changes oc and can be appended to the original research plan.
     - The Research Plan/Project Summary should include the fol
       a. **RATIONALE:** Include a brief synopsis of the backgrour research is important and if applicable, explain any soc
       b. **RESEARCH QUESTION(S), HYPOTHESIS(ES), ENGINE** the rationale described above?
       c. Describe the following in detail:
          - **List of materials:**
          - **Procedures:** Detail all procedures and experimental applicable, the source of data used. Describe only y
          - **Risk and Safety:** Identify any potential risks and safe
          - **Data Analysis:** Describe the procedures you will use
       d. **BIBLIOGRAPHY:** List major references (e.g. science jou If you plan to use vertebrate animals, one of these refe

The Research Plan is the most important document of all because it provides the regional and state SRC the necessary details of your planned research.

There is a helpful template in the student resources page of ossef.okstate.edu.

This detailed description of the research will guide the SRC to be able to determine if the proper forms were completed and if they contain the correct information.

Research plan must be **VERY** detailed and clearly delineate the role of the student versus the role of the mentor.

The **entire** Research Plan must be written in **FUTURE tense!!**

It must include proposed AND actual start and end dates.

Must include all details on the work site.

Must identify the student and mentor role.

Items 1–4 below are subject-specific guidelines for additional items to applicable.

1. **Human participants research:**
   a. **Participants:** Describe age range, gender, racial/ethnic composition of participants. Identify vulnerable populations (minors, pregnant women, prisoners, mentally disabled or economically disadvantaged).
   b. **Recruitment:** Where will you find your participants? How will they be invited to participate?
   c. **Methods:** What will participants be asked to do? Will you use any surveys, questionnaires or tests? If yes and not your own, how did you obtain? Did it require permissions? If so, explain. What is the frequency and length of time involved for each subject?
   d. **Risk Assessment:** What are the risks or potential discomforts (physical, psychological, time involved, social, legal, etc.) to participants? How will you minimize risks? List any benefits to society or participants.
   e. **Protection of Privacy:** Will identifiable information (e.g., names, telephone numbers, birth dates, email addresses) be collected? Will data be confidential/anonymous? If anonymous, describe how the data will be collected. If not anonymous, what procedures are in place for safeguarding confidentiality? Where will data be stored? Who will have access to the data? What will you do with the data after the study?
   f. **Informed Consent Process:** Describe how you will inform participants about the purpose of the study, what they will be asked to do, that their participation is voluntary and they have the right to stop at any time.

2. **Vertebrate animal research:**
   a. Discuss potential ALTERNATIVES to vertebrate animal use and present justification for use of vertebrates.
   b. Explain potential impact or contribution of this research.
   c. Detail all procedures to be used, including methods used to minimize potential discomfort, distress, pain and injury to the animals and detailed chemical concentrations and drug dosages.
   d. Detail animal numbers, species, strain, sex, age, source, etc., include justification of the numbers planned.
   e. Describe housing and oversight of daily care.
   f. Discuss disposition of the animals at the end of the study.

- **Potentially hazardous biological agents research:**
  a. Give source of the organism and describe BSL assessment process and BSL determination.
  b. Detail safety precautions and discuss methods of disposal.

4. **Hazardous chemicals, activities & devices:**
   a. Describe Risk Assessment process, supervision, safety precautions and methods of disposal.
   b. Material Safety Data Sheets are not necessary to submit with paperwork.

Approval Form (1B)

A completed form is required for each student, including all team members.

1. To Be Completed by Student and Parent

a. Student Acknowledgment:

- I understand the risks and possible dangers to me of the proposed research plan.
- I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.
- I have read and will abide by the science fair ethics statement.

This must be dated **BEFORE** the "Actual Start Date" on Form 1A

Student researchers are expected to maintain the highest standards of honesty and integrity. Scientific fraud and misconduct are not condoned at any level of research or competition. Such practices include but are not limited to plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs and ISEF.

Student's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

b. Parent/Guardian Approval: I have read and under ssible dangers involved in the **Research Plan/Project Summary**. I consent to my this research.

This must be dated BEFORE the "Actual Start Date" on Form 1A

Parent/Guardian's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

2. To be completed by the local or affiliated Fair SRC

(Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

a. Required for projects that need prior SRC/IRB approval BEFORE experi potentially haza

Do not write anything in this box (2a) unless you are the SRC/IRB chairperson or designee.

The SRC/IRB has ca /**Project Summary** a signature indicates approval of the **Research Plan/Project Summary** before the student begins experimentation.

SRC/IRB Chair's Printed Name

Signature

Date of Approval (mm/dd/yy) (Must be prior to experimentation.)

OR

b. Required for research conducted at all Regulated Rese RB appr

Do not write anything in this box (2b).

This proje institution (**not home or high school, etc.**), was reviewed and approved by the proper institutional board before experimentation and complies with the ISEF Rules. **Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).**

SRC Chair's Printed Name

Signature

Date of Signature (mm/dd/yy) (May be after experimentation)

3. Final ISEF Affiliated Fair SRC Approval (Required for ALL Projects)

SRC Approval Af

I certify that this s.

Do not write anything in this box. Only Regional/State SRC Chair's complete Box 3.

Regional SRC Chair's Printed Name	Signature	Date of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name *(where applicable)*	Signature	Date of Approval (mm/dd/yy)

Revised–Regulated Research Institutional/Industrial Setting Form (1C)

This form must be completed AFTER experimentation by the adult supervising the student research either virtually or on site, conducted in a regulated research institution, industrial setting or any work site other than home, school or field.

Student's Name(s) _____

Title of Project _____

If any of the research **was done** at a standard research facility (college or university, pharmaceutical company, environmental or biomedical testing facility, governmental facility, etc.) or a facility where advanced research is allowed (certain high schools or local labs), then Form 1C is required.

If the science fair student's project will be data analysis only and the data are publicly available, then nothing other than this form is needed.

If the project data are covered by privacy rules/laws (such as patient or student data) or from a private source (such as proprietary data), then the student must show documentation of how the data became available and how/why the student was allowed to view and study it.

The best thing to do for these kinds of private data is have the research mentor from the Regulated Research Institution include a short letter on their letterhead explaining that there was no HIPAA or other violations. This is even if the data are de-identified.

To **e Student(s)) after experimentation:**

(Re nt's project booth; please do not print double-sided.)

Re

1. at apply):

☐ Yes	☒ No	
☐ Yes	☐ No	
☐ Yes	☐ No	Some of these are default-clicked "no". Be sure to update these, if appropriate to your project.
☐ Yes	☐ No	
☐ Yes	☐ No	

2. y the student in any phase of the project, but s of the project

3. collection, specific procedures performed). lly did.

4. Did the student(s) work on the project as part of a group? ☐ Yes ☐ No
   Were there other high school students present? If yes, please list the students names and describe how their work was related or different from the work of this projecct.

5. If this project is under a grant and needs to be acknolwedged, please list the grant statement here.

the work as indicated above and that any required review and approval by institutional been obtained. Copies are attached if applicable. I further olicly in competition and I have communicated with the s any rictions of what is publicized.

This must be the **mentor** from the Regulated Research Institution NOT the teacher.

This must be dated **AFTER** the "End Date" on Form 1A.

Direct Supervisor's Printed Name _____ Signature _____ Title _____

Institution _____ Date Signed (must be after experimentation) (mm/dd/yy) _____

Address _____ Email/Phone _____

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) _____

Title of Project _____

To be completed by the Qualified Scientist:

Scientist Name: _____

Educational Background: _____ Degree(s): _____

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

_____ _____

Position/Institution: Email/Phone:

1. Have you reviewed the ISEF rules relevant to this project and the science fair ethics statement 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. Hazardous substances and devices ☐ 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

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 Direct Supervisor is not trained in the necessary procedures, I will provide advice and supervision. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary.

This must be dated **BEFORE** the "Actual Start Date" on Form 1A.

_____

Qualified Scientist's Printed Name

_____ _____

Signature Date of Approval (mm/dd/yy)

To be completed by the Direct Supervisor when the Qualified Scientist cannot directly supervise the student:

If this box is need, then this approval must be dated **BEFORE** the "Actual Start Date" on Form 1A.

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I will provide supervision.

_____

Direct Supervisor's Printed Name

_____

Experience/Training of Designated Supervisor

_____ _____

Signature Date of Approval (mm/dd/yy)

_____ _____

Phone email

Risk Assessment Form (3)

Must be completed before experimentation; recommended for all projects. May be required for projects involving Human Participants, Hazardous Chemicals, Materials or Devices or Potentially Hazardous Biological Agents.

Student's Name(s) _____

Title of Project _____

_____

Some of the answers to questions on this form (3) will be part of your Research Plan too. It is a good idea to be detailed on both the form and Research Plan.

To be completed by the Student Researcher(s) in collaboration with Direct Supervisor/Qualified Scientist: (All questions must be answered; additional page(s) may be attached.)

1. Identify and assess the risks and hazards involved in this project.

2. a) List all hazardous chemicals, activities or devices to be used; b) identify and list all microorganisms to be used that are exempt from pre-approval (see Potentially Hazardous Biological Agent rules).

3. Describe the safety precautions and procedures that will be used to reduce the risks.

4. Describe the specific disposal procedures that will be used (when applicable).

5. List the source(s) of safety information.

To be completed and signed by the Direct Supervisor (or Qualified Scientist, whe
I agree with the risk assessment and safety precautions and procedures described above. I certify t
Research Plan/Project Summary and the International Rules, including the science fair ethics stater
direct supervision.

This must be dated **BEFORE** the "Actual Start Date" on Form 1A.

Direct Supervisor's Printed Name _____ Signature _____ Date of Review (mm/dd/yy) _____

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

Position/Institution _____ Phone or email contact information _____

Human Participants Form (4)

Required for all research involving human participants not at a Regulated Research Institution. If at a Regulated Research Institution, use institutional approval forms for documentation of prior review and approval. (IRB approval required before recruitment or data collection.)

Student's Name(s) | Title of Project

Adult Sponsor | Phone/Email

MUST BE COMPLETED BY STUDENT RESEARCHER(S) IN COLLABORATION WITH THE ADULT SPONSOR/DIRECT SUPERVISOR/QUALIFIED SCIENTIST:

1. ☐ I have submitted my Research Plan/Project Summary which addresses ALL areas indicated in the Human Participants Section of the Research Plan/Project Summary Instructions.
2. ☐ I have attached any surveys or questionnaires I will be using in my project or other documents provided to human participants.
   ☐ Any published instrument(s) used was /were legally obtained.
3. ☐ I have attached an informed consent that I would use if required by the IRB.
4. ☐ Yes ☐ No Are you working with a Qualified Scientist? If yes, attach the Qualified Scientist Form 2.

Even though your school IRB may have given approval, the study/project must still conform to all ISEF regulations.

BELOW – IRB USE ONLY

MUST be completed by Institutional Review Board (IRB) after review of the research plan. All questions m approval to be valid. (If not approved, return paperwork to the student with instructions for modifications.)

☐ Approved with Full Committee Review (3 signatures required) and the following conditions: **(All 6 must be answered)**

1. Risk Level (check one) : ☐ Minimal Risk ☐ More than Minimal Risk (a risk assessment form 3 is required).
2. Qualified Scientist (QS) Required (Form 2): ☐ Yes ☐ No
3. Risk Assessment Required (Form 3): ☐ Yes ☐ No
4. Written Minor Assent required for minor participants: ☐ Yes ☐ No ☐ No
5. Written Parental Permission required for minor parti ☐ Yes ☐ No ☐ No
6. Written Informed Consent required for participants ☐ Yes ☐ No ☐ No

This form is to be filled out by the SCHOOL IRB and not the regional/state fair SRC. However, be sure that your school IRB is aware of the rules and limitations of student research projects.

For more information and a full list of rules, visit: https://www.societyforscience.org/isef/international-rules/

IRB SIGNATURES (All 3 signatures required) None of these indiv scientist or related to (e.g., mother, father of) the student (conflict of interest).

I attest that I have reviewed the student's project, that the checkboxes above have been completed to indicate the IRB determination and that I agree with the decisions abov

Must be signed prior to the "Actual Start Date" on Form 1A

Medical or Mental Health Professional (a psychologist, medic rker, licensed clinical profe physician's assistant, doctor of pharmacy, or registered nurse s project.

Printed Name | Degree/Professional License

Signature/Date (prior to experimentation) | Email

Educator

This CANNOT be the same teacher that has signed the student's Adult Sponsor.

Printed Name | Degree/Professional License

Signature/Date (prior to experimentation)

Must be signed prior to the "Actual Start Date" on Form 1A

School Administrator

Printed Name | Degree/Professional License

Signature/Date (prior to experimentation)

Must be signed prior to the "Actual Start Date" on Form 1A

Human Informed Consent Form

This is just a sample consent form. You MUST submit a copy of the consent form that you used, if applicable. If the a survey was done online, submit a copy of the consent question used as part of that survey.

Instructions to the Student Researcher(s): An be developed in consultation with the Adult Sponsor, Direct Supervisor This form is used to provide information to the researc nt written informed consent, minor assent, and/or parental perm

- When written documentation is required, t
- Students may use this sample form or may

If the form is serving to document parental permission, a copy of any survey or questionnaire must be attached.

Student Researcher(s): _____

Title of Project: _____

I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate area below.

Purpose of the project:

If you participate, you will be asked to:

Time required for participation:

Potential Risks of Study:

Benefits:

How confidentiality will be maintained:

If you have any questions about this study, feel free to contact:

Adult Sponsor/QS/DS: _____ Phone/email: _____

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

Adult Informed Consent or Minor Assent

Date Reviewed & Signed: _____ (mm/dd/yy)

_____ _____

Research Participant Printed Name: Signature:

Parental/Guardian Permission (if applicable)

Date Reviewed & Signed: _____ (mm/dd/yy)

_____ _____

Parent/Guardian Printed Name: Signature:

Vertebrate Animal Form (5A)

Required for all research involving vertebrate animals that is conducted in a school/home/field research site. (SRC approval required before experimentation.)

Student's Name(s)_____

Title of Project_____

_____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals used.

2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc. Add an additional page as necessary.

3. What will happen to the animals after experimentation?

4. Attach a copy of wildlife licenses or approval forms, as applicable

5. The ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and documented by a letter from the qualified scientist, direct supervisor or a veterinarian. If applicable, attach this letter with this form when submitting your paperwork to the SRC prior to competition.

To be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation.

Level of Supervision Required for agricultural, behavioral or nutritional studies (select one):

- ☐ Direct Supervisor REQUIRED. Please have applicable person sign below.
- ☐ Veterinarian and Direct Supervisor REQUIRED. Please have applicable persons sign below.
- ☐ Veterinarian, Direct Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site.
Local or Affiliate Fair SRC Pre-Approval Signature:

SRC Chair Printed Name	Signature	Date of Approval (must be prior to experimentation) (mm/dd/yy)

To be completed by Veterinarian:

- ☐ I have reviewed this research and animal husbandry with the student before the start of ex
- ☐ I have approved the use and dosa drugs and/or nutritional supplem
- ☐ I will provide veterinary medical a of illness or emergency. (Fees may apply.)

This must be **BEFORE** the "Actual Start Date" on Form 1A.

Printed Name	Email/Phone

Signature	Date of Approval (mm/dd/yy)

To be completed by Direct Supervisor or Qualified Scientist when applicable:

- ☐ I have reviewed this researc the student before the start accept primary responsibilit of the animals in this project
- ☐ I will directly supervise the e

This must be **BEFORE** the "Actual Start Date" on Form 1A.

Printed Name	Email/Phone

Signature	Date of Approval (mm/dd/yy)

Vertebrate Animal Form (5B)

Required for all research involving vertebrate animals that is conducted in at a Regulated Research Institution. (IACUC approval required before experimentation. Form must be completed and signed after experimentation.)

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project:

_____

To be completed by Qualified Scientist or Principal Investigator:

1. Species of animals used: _____ Number of animals used: _____

2. Describe, in detail, the role of the student in this project: animal procedures and related equipment that were involved, oversight provided and safety precautions employed. (Attach extra pages if necessary.)

3. Was there any weight loss or death of any animal? If yes, attach a letter obtained from the qualified scientist, direct supervisor or a veterinarian documenting the situation and the results of the investigation.

4. Did the student's project also involve the use of tissues?
   - ☐ No
   - ☐ Yes; complete Forms 6A and 6B

5. What laboratory training, including dates, was provided to the student?

6. Attach a copy of the Regulated Research Institution IACUC Approval. A letter from the Qualified Scientist or Principal Investigator is not sufficient.

You **MUST** include a copy of **the actual IACUC form** with the approval protocol number.

Must be dated **after** the "Actual End Date" on Form 1A

Qualified Scientist/Principal Investigator

_____
Printed Name

_____ _____
Signature Date (mm/dd/yy)

Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. SRC/IACUC/IBC approval required before experimentation.

Student's Name(s)_____

Title of Project_____

To be completed by the QUALIFIED SCIENTIST/DIRECT SUPERVISOR in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached.

SECTION 1: PROJECT ASSESSMENT

1. Identify potentially hazardous biological agents to be used in this experiment. Include the strain, source, quantity and the biosafety level risk group of each microorganism.
2. Describe the site of experimentation including the level of biological containment.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents. If BSL-2 laboratory, include the BSL-2 checklist.

SECTION 2: TRAINING

1. What training will the student receive for this project?
2. Experience/training of Direct Supervisor as it relates to the student's area of research (if applicable).

SECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES – To be completed by the QUALIFIED SCIENTIST or Direct Supervisor - Check the appropriate box(es) below:

☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will NOT be conducted at a Regulated Research Institution, but will be conducted at a (check one) ☐BSL-1 or ☐BSL-2 laboratory (include a copy of the checklist for BSL-2). [This study has been reviewed by the local SRC and the procedures have been approved prior to experimentation.]

☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.
Origin of cell lines:_____ Date of IACUC/IBC approval _____

☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution, which does not require pre-approval for this type of study. The SRC has seen and approved the research plan and supporting documentation and acknowledges the accuracy of the responses above.

CERTIFICATION – To be SIGNED by the QUALIFIED SCIENTIST or Direct Su

This must be dated **BEFORE** the "Actual Start Date" on Form 1A

The QS/DS has seen this project's research plan and supporting documentation ccuracy of the information provided above. This study has been approved as a (check one) ☐BSL-1/☐BSL ucted in an appropriate laboratory.

QS/DS Printed Name | Signature | Date of review (mm/dd/yy)

SECTION 4: CERTIFICATION ompleted by the LOCAL or AFFILIATED R SRC

The SRC has seen this project's research plan and documen d acknowledges the accuracy of the information provided.

SRC Printed Name | Signatu | Date of review (mm/dd/yy)

Do **NOT** write anything in this section (4).

Human and Vertebrate Animal Tissue Form (6B)

Required for research involving fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. If the research involves living organisms please ensure that the proper human or animal forms are completed. All projects using any tissue listed above must also complete Form 6A.

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher(s):

1. What vertebrate animal tissue will be used in this study? Check all that apply.
   - ☐ Fresh or frozen tissue sample
   - ☐ Fresh organ or other body part
   - ☐ Blood
   - ☐ Body fluids
   - ☐ Primary cell/tissue cultures
   - ☐ Human or other primate established cell lines

2. Where will the above tissue(s) be obtained? If using an established cell line include source and catalog number.

3. If the tissue will be obtained from a vertebrate animal study conducted at a research institution attach a copy of the IACUC certification with the name of the research institution, the title of the study, the IACUC approval number and a copy of IACUC approval. If human tissues were used, attach a copy of IRB approval.

This should be dated **BEFORE** the "Actual Start Date" on Form 1A.

To be completed by the Qualified Scientist or Direct Supervisor:

☐ I verify that the student will work solely with de-identified organs, tissues, cultures or [illegible] to him/her by myself or qualified personnel from the laboratory; and that if vertebrate ar[illegible]ney were euthanized for a purpose other than the student's research.

AND/OR

☐ I certify that the blood, blood products, tissues or body fluids in this project will be handled in accordance with the standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.

Printed Name _____ Signature _____ Date of Approval (mm/dd/yy) _____
(Must be prior to experimentation.)

Title _____ Phone/Email _____

Institution _____

Continuation/Research Progression Projects Form (7)

Required for projects that are a continuation/progression in the same field of study as a previous project. This form must be accompanied by the previous year's abstract and Research Plan/Project Summary.

Student's Name(s) _____

To be completed by Student Researcher: List all components of the current projec t from previous research.

For any projects carried out (partially) before 2024.

Components	Current Research Project	Previous Research Project: Year: _____
1. Title		
2. Change in goal/ purpose/objective		
3. Changes in methodology		
4. Variable studied		
5. Additional changes		

Continuation projects **MUST** include this form. For the immediately prior year, the student researcher MUST include BOTH the Abstract and Research Plan. For any years further back, the researcher MUST include the Abstract for each additional year's work.

For ALL projects that were conducted or began before January 1, 2024.

Attached are:

☐ Abstract and Research Plan/Project Summary, Year _____

I hereby certify that the above information is correct and that the current year Abstract & Certification and project display board properly reflect work done only in the current year.

Student's Printed Name(s)	Signature	Date of Signature (mm/dd/yy)