Checklist for Adult Sponsor (1)

This completed form is required for ALL projects.

This doc must be filled out & signed **BEFORE** the student begins experimentation.

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

Student's Name(s): _____

Project Title: _____

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)

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)

The checked boxes should match the documents for your project.

☐ **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 p[illegible] involving DEA-controlled substances or when applicable)

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

☐ **I attest to the informat[illegible]e and that I have read and agree to abide by the scien[illegible]ment.**

This is the Science teacher NOT the parent or mentor.

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

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

Phone _____ Email _____

Student Checklist (1A)

This form is required for ALL projects.

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

   School Address: _____

   _____

4. Adult Sponsor: _____ Phone/Email: _____

5. Does this project need SRC/IRB/IACUC or other pre-[illegible]al? ☐ Yes ☐ No Tent

6. Is this a continuation/progression from [illegible] ☐ Yes ☐ No
   a. If yes, attach the previous y[illegible] and ☐ Research Plan/PI
   b. Explain how this p[illegible]ferent from previous ye[illegible]
   ☐ Continuation/Res[illegible]rogression For[illegible]; incl[illegible]vious years

7. This year's experimentation/data collectio[illegible]ears):

   _____

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

8. Where will you conduct your experimentation? (chec[illegible]all that apply)
   ☐ Research Institut[illegible]chool ☐ Field ☐ Home ☐ Other: _____

9. Source of Data:
   ☐ Collected sel[illegible] List all URL(s) in Research Plan: _____

10. List the name and [illegible]ddress [illegible] 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 Research Plan/Project Summary Instructions and attach to this form.**

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

This should be the **teacher.**

This should be based on Form 1 responses.

This should be the date that the student started collecting data, after approvals.

IF the student has continued his/her project, their paperwork (except Form 7) should focus on the work from the current project cycle.

A Form 1C is required for a mentor, even if virtual. The rules wizard will only add this if you select research institution or industry setting (place of business).

If you used data from a website. The url goes here.

Research Plan/Project Summary Instructions

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

1. 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.
2. If changes are made during the research prior to competing in an affiliated fair, such changes can be added to the original research plan as an addendum, recognizing that some changes may require returning to the IRB or SRC for appropriate review and approvals. If no additional approvals are required, this addendum serves as a project summary to explain research that was conducted.
3. If no changes are made from the original research plan, no project summary is required.
   - Some studies, such as an engineering design or mathematics projects, will be less detailed in the initial project plan and will change through the course of research. If such changes occur, a project summary that explains what was done is required and can be appended to the original research plan.
   - The Research Plan/Project Summary should include the following:
     a. **RATIONALE:** Include a brief synopsis of the background that supports your research problem and explain why this research is important and if applicable, explain any societal impact of your research.
     b. **RESEARCH QUESTION(S), HYPOTHESIS(ES), ENGINEERING GOAL(S), EXPECTED OUTCOMES:** How is this based on the rationale described above?
     c. Describe the following in detail:
        - **List of materials:**
        - **Procedures:** Detail all procedures and experimental design including list of materials, methods for data collection, and when applicable, the source of data used. Describe your project delineating what you will do and what will be done by your mentor.
        - **Risk and Safety:** Identify any potential risks and safety pre
        - **Data Analysis:** Describe the procedures you will use to an
     d. **BIBLIOGRAPHY:** List major references (e.g. science jo literature review. If you plan to use vertebrate animals, reference.

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

1. **Human participants research:**
   a. **Participants:** Describe age range, gender, racial/ethnic composition o pregnant women, prisoners, mentally disabled or economically disadv
   b. **Recruitment:** Where will you find your participants? How will they be i
   c. **Methods:** What will participants be asked to do? Will you use any surve did you obtain? Did it require permissions? If so, explain. What is the fr
   d. **Risk Assessment:** What are the risks or potential discomforts (physica participants? How will you minimize risks? List any benefits to society
   e. **Protection of Privacy:** Will identifiable information (e.g., names, teleph Will data be confidential/anonymous? If anonymous, describe how the are in place for safeguarding confidentiality? Where will data be stored the data after the study?
   f. **Informed Consent Process:** Describe how you will inform participants do, that their participation is voluntary and they have the right to stop
2. **Vertebrate animal research:**
   a. Discuss potential ALTERNATIVES to vertebrate animal use and present
   b. Explain potential impact or contribution of this research.
   c. Detail all procedures to be used, including methods used to mi to the animals and detailed chemical concentrations and drug
   d. Detail animal numbers, species, strain, sex, age, source, etc., in
   e. Describe housing and oversight of daily care.
   f. Discuss disposition of the animals at the end of the study.
3. **Potentially hazardous biological agents research:**
   a. Give source of the organism and describe BSL assessment process an
   b. Detail safety precautions and discuss methods of disposal.
4. **Hazardous chemicals, activities & devices:**
   a. Describe Risk Assessment process, supervision, safety precautions and specific methods of disposal.
   b. Safety Data Sheets are not necessary to submit with paperwork.

The research plan is the most important document because it provides the regional SRC board the necessary details of the planned research.

This detailed description of the research guides the Scientific Review Committee (SRC) to be able to determine if the proper forms were completed and if they contain the correct information.

It must be VERY detailed and clearly delineate the role of the student vs. the role of the mentor. Use the provided Research Plan template and save it as a PDF.

The entire Research Plan must be in FUTURE tense!!
It must include proposed and actual start and end dates.
It must include a detailed research plan.
It must have all work site information completed.
It must identify student and mentor role.
It must include any use of AI in the procedure, and AI use must be cited.

Approval Form (1B)

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

Every student needs their own Form 1B (including teams).

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 conducti this research.
- I have read and agree to uphold all aspects of the student researcher ethics statement.

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

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

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

Student's Printed Name	Signature	Date Acknow dged (Must be pri

b. Parent/Guardian Approval: I have read and understand the risks and possible dangers **Research Plan/Project Summary**. I consent to my child participating in this research.

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 ROVAL. Sign 2a or 2b as appropriate.)

a. Required for projects that need prior SRC/IRB BEFORE experimentation (humans, verte potentially hazardous biological age

The SRC/IRB has carefully st **earch Plan/ Project Summary** and all th included. My signature indicates approva **n Plan/Project Summary** before the stude erimentation.

This must be signed if the student's project requires SRC or IRB approval (Forms 4, 5A, or 6A) and the student did **NOT** work at a research institution.

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 Regulat Research Institutions with no prior fair SRC approval.

This project was conducted at a regulat ion **(not home or high school, e**), was roved by the proper institutional b tation and complies with the ISEF Rule **any required institutional approvals (e.g**

This must be signed if the student worked at a regulated **research institution** (RRI), and the RRI was responsible for reviewing and approving the project before experimentation.

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 After Experimentation and Before Com egional/State/National Fair

I certify that this project adheres to the approved R **ct Summary** and complies with all ISEF Rules.

Do NOT write anything in this space. The regional and/or state SRC signs here.

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

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 _____

To be completed by the Supervising Adult in the Setting (NOT

(Responses must be on the form as it is required to be displayed at stu

Research was supported at my work site:

1. The student experience at your work site included:
   - Used equipment and/or received data
   - Minimal interaction with our group
   - Mentored by me or someone else from our group
   - Worked as a sub-set of our ongoing research
   - Had an independent project from our group
2. Please describe the independent and/or creative work done but particularly in developing the hypotheses or engineerin
3. Detail the student's role in conducting the research (e.g. dat Differentiate what the student observed and the student act
4. Provide details regarding data provided to the student:
5. Did the student(s) work on the project as part of a group? Were there other high school students present? If yes, pleas was related or different from the work of this projecct.
6. If this project is under a grant and needs ged, please list the grant statement here.

If any of the research was done at a standard **research facility** (college, pharmaceutical company, environmental testing facility, etc.), a facility where advanced research is allowed (certain high schools or local labs), or an **industry setting or other place of business**, the 1C form is **required**.

If the student **worked with a mentor** (virtual or on-site) other than the science teacher, the 1C Form is **required**.

If the student worked at a **business,** the 1C Form is required.

If the project is to be a data analysis only and the data is publicly available, then a Form 1C is not needed unless the student received mentor support.

If data is covered by privacy rules/laws (ex. Patient data) or from a private source (ex. Proprietary data), then the student must show documentation of how the data became available and how/why they were allowed to view it and study it. The best thing to do is have the mentor attach to this form a short letter on their letterhead explaining that there were no HIPAA violations. This is even if the data was de-identified.

This should be the **Mentor or Business Manager** (industry site).

I attest that the student has indicated above and that any required review and approval by institu regulatory board (IRB/IACU tained. Copies are attached if applicable. I further acknowledge that t student will be presenting y in competition and I have communicated with the student research requirements for my revie ctions of what is publicized.

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)
Education/Experience/Training		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.

When required, this doc must be filled out & signed **BEFORE** the student begins 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. 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
5. Did you provide any data; if yes, please provide source or describe	☐ 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 ensure her/his training. I will provide advice and supervision during the research. I have a workin… knowledge of the techniques to be used by the student i… 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 th… ct Supervisor when the Qualified S… annot directly supervise.

…rtify that I have review… Plan/Project …mary and have been tra… …ques to be used …student, and I will prov… …sion.

If needed, this must be dated **BEFORE** the "Actual Start Date" on Form 1A.

_____

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.

When required, this doc must be filled out & signed **BEFORE** the student begins experimentation.

Student's Name(s) _____

Title of Project _____

_____

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. If you conducted field work, include permits received and safety plans, as applicable.

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

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

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

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

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.)

When required, this doc must be filled out & signed **BEFORE** the student begins experimentation.

Student's Name(s) | Title of Project

Adult Sponsor | Phone/Email

MUST BE COMPLE... ...LABORATION WITH THE ADULT SPONSOR/DIRECT SU... SCIENTIST:

1. ☐ I have submitted my Research Plan/Project Summary which addresses ALL areas indicated in the ... the Research Plan/Project Summary Instructions.
2. ☐ I have attached any surveys or questionnaires I will be using in my project or other documents ... ...pants.
   ☐ 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...

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

BELOW – IRB USE ONLY

MUST be completed by Institutional Review Board (IRB) after ... valid. (If not approved, return paperwork to the student with ...

☐ Approved with Full Committee Review (3 signatures ...
1. Risk Level (check one) :
2. Qualified Scientist (QS) Required (Form 2):
3. Risk Assessment Required (Form 3):
4. Written Minor Assent and written parental permi...
   ☐ Yes ☐ Not applicable
5. Written Informed Consent required for participa...
   ☐ Yes ☐ No
6. Facility for "protected groups" used, written app...
   ☐ Yes ☐ No

IRB SIGNATURES (All 3 signatures required) None of th... scientist or related to (e.g., mother, father of) the stude...

I attest that I have reviewed the student's project, that ... determination and that I agree with the decisions abo...

This form is to be filled out by the SCHOOL or DISTRICT IRB. Be sure that your school IRB is aware of the rules and limitations of student research projects.

NEW for 2026: #4 - any projects involving human participants who are minors require written parental consent; #6 is new and requires proof of approval to work at facilities of protected groups such as nursing homes or preschools. This approval document needs to be uploaded as an additional file and provided to the IRB to review.

For more information and the full list of rules: https://www.societyforscience.org/isef/international-rules/human-participants/

Medical or Mental Health Professional (a psychologist, medi... physician's assistant, doctor of pharmacy, or registered nurse) with expertise related to this project.

Print Name below	Degree/Professional License	
Signature	Date (prior to experimentation)	Email

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

Educator

Print Name belo...	Degree/Professional License	
Signature	Date (prior to experimentation)	

The teacher, mentor, parent or relative of the student can NOT sign this form to avoid a conflict of interest.

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

School Adminis...

Print Name belo...	Degree/Professional License	
Signature	Date (prior to experimentation)	Email

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

Human Informed Consent Form

Instructions to the Student Researcher(s): An informed consent/assent/permission form should be developed in consultation with the Adult Sponsor, Direct Supervisor or Qualified Scientist.
This form is used to provide information to the research participant (or parent/guardian) and to document written informed consent, minor assent, and/or parental permission.

- When written documentation is required, the researcher keeps the original, signed form.
- Students may use this sample form or may copy ALL elements of it into a new document.

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 t information about the project. If you would like to participate, please sign in the appropriate

This is just an example of a consent form. You MUST submit a copy of whatever consent form will be used any ALL survey questions. If the survey will be done online, submit a copy of all of the consent questions as a part of that survey.

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.)

When required, this doc must be filled out & signed **BEFORE** the student begins 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 sig e the Qualified Scientist complete Form (2).

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

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-re 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 w the student before the start of experimentation.
- ☐ I have approved the use and dosages of prescriptio drugs and/or nutritional supplements.
- ☐ I will provide veterinary medical and nursing car of illness or emergency. (Fees may apply.)

This must be dated **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 research and animal husbandr the student before the start of experimentation ar accept primary responsibility for the care and ha of the animals in this project.
- ☐ I will directly supervise the experiment.

When needed, this must be dated **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 Regu
(IACUC approval required before experimentation. Form must be completed and sign

When required, this doc must be filled out & signed **BEFORE** the student begins experimentation.

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project _____

_____

You MUST attach a copy of the actual IACUC form with the protocol number.

To be completed by Qualified Scientist or Principal Investiga

1. Species of animals used: _____ ber 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.

This must be dated **AFTER** the "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.

When required, this doc must be filled out & signed **BEFORE** the student begins experimentation.

Student's Name(s)_____

Title of Project_____

To be completed by the QUALIFIED SCIENTIST/DIRECT SUPERVISOR in collaboration w
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.

Local SRC signature is no longer required on Form 6A. However the local SRC must review this form and the research plan prior to signing Form 1B, section 2A.

2. Describe the biosafety level of the experimentation site.

3. Describe the procedures that will be used to minimize risk (personal protective equipment, safety cabinet type, etc.).

4. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents. If BSL-2 laboratory, not at an RRI, 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.]

☐ This project involves the culturing of Multi Drug Resistant Organisms (MDROs). It has been conducted in a BSL-2 or higher lab at a Regulated Research Institution and the required IBC pre-approval is attached.
Date of IBC approval _____

☐ 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:_____ 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 IRB, IACUC or IBC approval prior to experimentation.

This is the person who monitored the student's experimentation (usually the teacher).

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

CERTIFICATION – To be SIGNED by the QUALIFIED SCIENTIST/Direct Supervisor

The QS/DS has seen this project's research plan and documentation and acknowledges the accuracy of information provided above. This study has been approved for (check one) ☐ BSL-1/ ☐ BSL-2 study, and will be conducted in the appropriate laboratory.

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

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.

When required, this doc must be filled out & signed **BEFORE** the student begins experimentation.

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.

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 cells that will be su… him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were eutha… 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 a… standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, …ne …od Borne Pathogens.

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

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) _____

When required, this doc must be filled out & signed **BEFORE** the student begins experimentation.

To be completed by Student Researcher: List all components of the current project that make it
previous research.

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, researcher **MUST** attach BOTH the prior year's Abstract and Research Plan. For any years farther back, the researcher MUST include the Abstract for each additional prior year's work.

A continuation project is one that is built off of work previously performed. Students must show that they are testing a new variable or line of investigation.

Current Year Projects can only present data collected within a 12 month period and not started prior to January 2025.

Attached are:

☐ Previous year's Abstract and Research Plan/Project Summary, Year _____

☐ Previous Form 7s, if applicable.

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

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

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