# Checklist for Adult Sponsor (1)

**This form is required for ALL projects.**
**This form must be completed by the adult sponsor BEFORE experimentation.**

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

Student's Name(s): _____

Project Title: _____

Fit as much of the title as possible. Keep titles as short as possible.

1. ☐ I have reviewed the ISEF Rules and [illegible] fair ethics statement.
2. ☐ I have reviewed the student's completed Student Checklist (1A) and Research Plan/Project Addendum.
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)
   - ☐ Research Plan/Project Addendum
   - ☐ Student Support Disclosure Form
   - ☐ Student Checklist (1A)
   - ☐ Approval Form (1B)
   - ☐ Regulated Research Institutional/Industrial Setting Form (2C) (when applicable; after completed experiment)
   - ☐ Continuation/Research Progression Form (7) (when applicable)

Only check boxes that are appropriate to this research study.

**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 (2B) (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 r
- ☐ Vertebrate Animal Form (5B) - for projects conducted at a Regulated Research Institution. (Institutional Animal C Use Committee (IACUC) approval required prior experimentation.)
- ☐ Qualified Scientist Form (2B) (Required for all vertebrate animal projects at a regulated research site or when ap

☐ **Potentially Hazardous Biological Agents** (Requires prior approval by SRC, IACUC or IBC, see full text of the rul
- ☐ 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 fresh or frozen tissue, primary cell cultures, blood, blood products and body fluids.
- ☐ Qualified Scientist Form (2B) (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**
- ☐ Risk Assessment Form (3)
- ☐ Qualified Scientist Form (2B) (as applicable, see full text of the rules)

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

Only check boxes that are appropriate to this research study.

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

☐ **I attest to the information checked above and that I have read and agr[illegible] science fair ethics statement.**

Adult Sponsor's Prin[illegible] _____ Signature _____ Date of Review (mm/dd/yy) _____

This is usually the research teacher NOT the project mentor if there is one.

Phone _____

# Student Checklist (1A)

**This form is required for ALL projects.**
**This form must be completed by the student(s) BEFORE experimentation.**

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

   Email: _____ Phone: _____

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

2. Title of Project: _____

Fit as much of the title as possible.

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

School Address: _____

_____

This should be the **TEACHER** not the mentor.

4. Adult Sponsor: _____ Phone/Email: _____

5. Where will you conduct your experimentation? (check all that apply)

   ☐ Research Institution ☐ School ☐ Field ☐ Home ☐ Other: _____

6. 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 _____ _____

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

8. This year's experimentation/data collection (include forms for all previous years):

The date the student started collecting data

_____ _____

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

**IF** the student has continued the project, the poster MUST focus on the work from the current ISEF year's published time frame.

9. Is this a continuation/progression from a previous year? ☐ Yes ☐ No
   a. If yes, attach the previous year's ☐ Abstract **and** ☐ Research Plan/Project Addendum
   b. Explain how this project is new and different from previous years on
      ☐ Continuation/Research Progression Form (7); include forms for all previous years

10. Source of Data:

    ☐ self-collected ☐ mentor collected ☐ publicly available ☐ Other

**Provide a complete Research Plan/Project Addendum with this form.**

# Research Plan/Project Addendum

**A Research Plan/Project Addendum is required for ALL projects. The plan must be written BEFORE experimentation.**

1. The Research Plan is to be written prior to experimentation.
2. If changes are made during the research before competing at an affiliated fair, such changes must be added as an addendum to the original plan. Be aware that some changes may require returning to the IRB or SRC for appropriate review and approvals before conducting that portion of the project. If there are no changes, an addendum is not required.
3. The Research Plan/Project Addendum should include the following:
   a. **RATIONALE**: Include a brief synopsis of the background that supports your research question/goal.
   b. **RESEARCH QUESTION(S), HYPOTHESIS(ES), ENGINEERING GOAL(S), EXPECTED OUTCOMES**: Include a brief synopsis of the background that supports your research question/goal.
   c. Describe the following in detail:
      - **List of materials:**
      - **Procedures/Methodology:** Detail all procedures and steps of the experimental desi ods for data collection, and when applicable, the source of data used. Be sure t differentiat ou and the steps that are to be taken by any supervising adult(s).
      - **Risk and Safety:** Identify any potential risks and describe safety p
      - **Data Analysis:** Describe the procedures you will use to analyze de any required subject-specific additions to your Research Plan (listed below).
   d. **ACKNOWLEDGEMENTS:** List all individuals that supported your projec contributions that they made. If AI was used, document this support with a prompt log or an explanation of the elements of t project that involved AI support.
   e. **BIBLIOGRAPHY:** List major references (e.g. science journal articles, books, internet sites) from your literature review. Ensure that all references are properly listed and verified (The use of AI for citations is discouraged; it is known to hallucinate and produce false citations which becomes an ethical issue if you cite sources that are false or that you did not actually reference.)

This is a new section that must be filled out explaining any help that the student WILL receive including from AI.

**Items 1–4 below are subject-specific guidelines for additional items to be included in your Research Plan/Project Addendum as applicable.**

1. **Human participants research:**
   a. **Participants:** Describe age range, gender, racial/ethnic composition of particip pregnant women, prisoners, mentally disabled or economically disadvantaged).
   b. **Recruitment:** Where will you find your participants? How will they be invited to
   c. **Methods:** What will participants be asked to do? Will you use any surveys, quest did you obtain? Did it require permissions? If so, explain. What is the frequency
   d. **Risk Assessment:** What are the risks or potential discomforts (physical, psychol participants? How will you minimize risks? List any benefits to society or particip
   e. **Protection of Privacy:** Will identifiable information (e.g., names, telephone num Will data be confidential/anonymous? If anonymous, describe how the data will are in place for safeguarding confidentiality? Where will data be stored? Who wi the data after the study?
   f. **Informed Consent Process:** Describe how you will inform participants about th to do, that their participation is voluntary and they have the right to stop at any
2. **Vertebrate animal research:**
   a. Discuss potential ALTERNATIVES to vertebrate animal use and present justificati
   b. Explain potential impact or contribution of this research.
   c. Detail all procedures to be used, including methods used to minimize p to the animals and detailed chemical concentrations and drug dosages.
   d. Detail animal numbers, species, strain, sex, age, source, etc., include jus
   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 and BSL det
   b. Detail safety precautions and discuss methods of disposal.
4. **Hazardous chemicals, activities & devices:**
   a. Describe Risk Assessment process, supervision, safety precautions and specific
   b. Safety Data Sheets must be reviewed and should be referenced but do not nee by your fair.

**The research plan is the most important document because it provides the regional SRC/IRB committee the necessary details of the planned research.**

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

**MUST** be **VERY** detailed and clearly delineate the role of the student vs. the role of any mentors or other researchers.

The entire RP **MUST** be in **FUTURE** tense!!

Protocol forms packet must include tentative and actual start dates (1A), a detailed research plan, all work site information (1A & other forms as indicated), and clear identification of the student and mentor roles.

**** See Examples in the ASRT Booklet and in the ASRT Digital Folder *"COMPETITIONS (Info and Forms)"***

# Approval Form (1B)

**This form is required for ALL projects (one form per student).**
**This form must be signed by the student researcher and parent BEFORE experimentation.**
**The SRC will sign as appropriate for pre-approval and/or approval just before competition.**

## 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 agree to uphold all aspects of the student researcher ethics statement.

Student researchers are expected to maintain the highest standards of honesty and integrity. Scientific frau misconduct are not condoned at any level of research or competition. Such practices include but are n plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabricati n of nt 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 Acknowledged (mm/dd/yy) (Must be prior t on.) |
|---|---|---|

**b. Parent/Guardian Approval:** I have read and understand the risks and possible d ng the **Research Plan/Project Addendum**. I consent to my child participating in this r

| 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 rojects that need prior /IRB approval BEFOR ntation** (humans es or pote biological

The SR rch Plan/ **Project Ad** ncluded. My signature n Plan/Project **Addendum** befo imentation.

DO NOT write anything In this space unless you Are the SRC/IRB Chair or their Designee.

SRC Chair'

Signatu D dd/yy) (Must b mentation.)

**OR**

**b. Require esearch conducted at gulated Rese tions with no pric /IRB ap**

This t itution **(not ho** pproved by the pro ntation and complies with **any required institutional appr**

DO NOT write anything in this space.

SRC C

Signature Date of (mm/dd/yy) (May be af rimentation)

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

**SRC Approval After Experimentation and B Competition at Re l/State/National Fair**

I certify that this project adheres to the ap earch Plan/ dendum and complies with all ISEF Rules.

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

DO NOT write anything in this space.

# Student Support Disclosure Form (2A)

**This form is required for ALL projects. This form may be completed before or after experimentation.**

It is important to fully disclose any support provided in the completion of a scientific research project. This disclosure provides acknowledgment and verification of the project.

**To be completed by the student researcher:**

Please list the person serving in each role. (Described in the Roles & Responsibilities of Students and Adults section of the Rules.) If an individual serves in multiple roles, list fully once and by name only in other roles.

| 1. **Adult Sponsor** | | | |
|---|---|---|---|
| Name | Organization/School | Email | Phone |
| | | | |
| Relationship to student: | Expertise: | Contribution to project: | Duration of support for this project: |
| | | | |

This is usually the research teacher . NOT the project mentor if there is one.

| 2. **Direct Supervisor** | | | |
|---|---|---|---|
| Name | Organization/School | Email | Phone |
| | | | |
| Relationship to student: | Expertise: | Contribution to project: | Duration of support for this project: |
| | | | |

This is usually the scientific mentor. NOT the teacher.

| 3. **Qualified Scientist** | | | |
|---|---|---|---|
| Name | Organization/School | Email | Phone |
| | | | |
| Relationship to student: | Expertise: | Contribution to project: | Duration of support for this project: |
| | | | |

This may be a lab scientist if the main scientific mentor did not directly supervise the student

| 4. **Additional Supporting Adults** (graduate students, relatives, external experts, etc.) Use additional pages as necessary. | | | |
|---|---|---|---|
| Name | Organization/School | Email | Phone |
| | | | |
| Relationship to student: | Expertise: | Contribution to project: | Duration of support for this project: |
| | | | |

**Paid Support Disclosure:**

This is new as of 2027

1. Did your pay for any support for this project? ☐ Yes ☐ No
   If yes, explain: (Indicate any fees, tuition and/or payment to any of the individuals above and/or to a program that provided any support for this project including lab space, mentorship, documentation preparation, etc.)

**AI Usage Disclosure**

This is new as of 2027

1. Did your project involve the use of Generative AI? ☐ Yes ☐ No

   a. If yes, please provide an attachment with Generative AI used in your project and in what elements of your project it was used.
   b. Please provide the AI Prompt Log containing the prompts and responses from the Generative AI or AI Wrapper used. Be sure to remove any personal prompts which contain personal identifying information about yourself or others. If you do not have access to your prompt log, then please provide a summary of the prompts and responses involved in your project.

**Attestation by Student Researcher:**

I certify that I have presented the full truth regarding all of the support received in the completion of my research project and have not omitted pertinent information nor presented false information.

**Finalist Signature:** _____ **Date:** _____

# Qualified Scientist Form (2B)

**This form is required for projects requiring a Qualified Scientist or Direct Supervisor.**
**This form must be completed by the Qualified Scientist BEFORE experimentation.**

The information on this form will supplement the research plan/proposal. All information on this form should be in future tense

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. Please indicate what the student project will involve:
   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. Please describe your anticipated role in this project and the duration of your support.

6. Will 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 Addendum 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 working knowledge of the techniques to be used by the student in the Research Plan/Project Addendum.

This should be the **MENTOR** and NOT the teacher.

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.**

I certify that I have reviewed the Research Plan/Project Addendum and have been trained in the techniques to be used by this student, and I will provide direct supervision.

_____
Direct Supervisor's Printed Name

_____
Experience/Training of Direct Supervisor

_____ _____
Signature Date of Approval (mm/dd/yy)

_____ _____
Phone email

# Regulated Research Institutional/Industrial Setting Form (2C)

**This form is required for any project where research was conducted at an RRI or any worksite other than home, school or field (one per site). This form must be completed AFTER experimentation by the supervising adult.**

Student's Name(s) _____

Title of Project _____

**To be completed by the Supervising Adult in the Setting (NOT the Student(s)) after experimentation:**

(Responses must be on the form as it is required to be displayed at student's project booth; please do not print double-sided.)

Research was supported at my work site:

1. The student experience at your work site included:
   - Used equipment and/or received data ☐ Yes ☐ No
   - Minimal interaction with our group ☐ Yes ☐ No
   - Mentored by me or someone else from our group ☐ Yes ☐ No
   - Worked as a sub-set of our ongoing research ☐ Yes ☐ No
   - Had an independent project from our group ☐ Yes ☐ No

2a. Please describe the independent and/or creative work done by the student in any phase of the project, but particularly in developing the hypotheses or engineering goals of the project

2b. What was the duration of your support of this student project?

3. Detail the student's role in conducting the research (e.g. data col
Differentiate what the student observed and the student actually

4. Did you provide any data; if yes, please provide source or describ

5. Did the student(s) work on the project as part of a group?
Were there other high school students present? If yes, please list
was related or different from the work of this projecct.

6. If this project is under a grant and needs to be acknolwedged, pl

-If any of the research was done at a standard research facility (college, pharmaceutical company, environmental test facility, etc.) or a facility where advanced research is allowed (certain high schools or local labs), the Form 1C is REQUIRED!
- If the project is to be a data analysis only AND the data is publicly available, then nothing else is needed.
-If data is covered by privacy rules/laws (ex: patient data) or from a private source (ex: proprietary data), the student MUST show documentation of how the data became available and how/why they were allowed to view it and study or analyze it.
**The best thing to do is have the mentor/designated supervisor from the source organization send a short letter on their letterhead explaining that there were no HIPAA violations. This is even if the data has been de-identified.

I attest that the student has conducted the work as indicated above and that any required review and approval by institutional regulatory board (IRB/IACUC/IBC) has been obtained. Copies are attached if applicable. I further understand that I will be notified and have access to the public materials to be displayed at Regeneron ISEF (as applicable).

This should be the **MENTOR** and 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) _____

Education/Experience/Training _____ Email/Phone _____

# Risk Assessment Form (3)

**This form is recommended for ALL projects; may be required for projects involving hazards, potentially hazardous biological agents or human participants. This form must be completed BEFORE 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. a) List all hazardous chemicals, activities or devices to be used

   b) List all microorganisms to be used

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

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.

**To be completed and signed by the Direct Supervisor (or Qualified Scientist, when applicable):**
I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Addendum and the International Rules, including the science fair ethics statement and will provide 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 _____

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

# Human Participants Form (4)

**This form is required for all research involving human participants. This form must be completed by the IRB BEFORE recruitment or data collection. (If research is done at an RRI, equivalent RRI IRB documentation is required.)**

Student's Name(s) _____ Title of Project _____

Adult Sponsor _____ Phone/Email _____

This is usually the research teacher

Even though your school IRB may have given approval, the study **MUST** conform to **ALL** ISEF rules/requirements.

**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 Addendum which addresses ALL areas indicated in the Human Participants Section of the Research Plan/Project Addendum 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.

## BELOW – IRB USE ONLY

**MUST** be completed by Institutional Review Board (IRB) after review of the research plan. All questions must be answered for the 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 co

1. Risk Level (check one) : ☐ Minimal Risk
2. Qualified Scientist (QS) Required (Form 2): ☐ Yes
3. Risk Assessment Required (Form 3): ☐ Yes
4. Written Minor Assent and written parental permission required for minor part
   ☐ Yes ☐ Not applicable (No minors in this study)
5. Written Informed Consent required for participants 18 years or older:
   ☐ Yes ☐ No ☐ Not applicable (No par
6. Facility for "protected groups" used, written approval has been obtained:
   ☐ Yes ☐ No

This form is to be filled out by the IRB reviewing the project for prior approval (school, regional). However, if it is your school IRB, be sure they are award of the rules and limitations of student research projects as published in the ISEF rules. For more information and the full list of rules: https://sspcdn.blob.core.windows.net/files/Documents/SEP/ISEF/2025/Rules/Book.pdf

**IRB SIGNATURES (All 3 signatures required)** None of these individuals may be the adult sponsor, direct supervisor, qualified 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 above.**

**Medical or Mental Health Professional (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, 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 **CANNOT** be the same teacher that signed as the "Adult Sponsor"

**Educator**

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

**School Administrator**

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

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

# Human Informed Consent Form

**This form is a suggested template for written informed consent.**
**All projects involving minors require written parental permission.**

**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 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 (if any):

Potential Benefits (if any):

How confidentiality will be maintained:

This is just an example of a consent form, though if filled out in detail may be used as the official Informed Consent for the project. If a survey was done online, submit a copy of ALL of the consent questions used as part of that survey. **You MUST submit a copy of whatever consent form is going to be used. If the project involves a survey instrument, that survey MUST be included with the protocol paperwork for IRB review.**

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)

**This form is required for all research involving vertebrate animals that is conducted in a school/home/field research site. SRC approval is 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 experimentation.
- ☐ I have approved the use and dosages of prescription drugs and/or nutritional supplements.
- ☐ I will provide veterinary medical and nursing care i of illness or emergency. (Fees may apply.)

| Printed Name | Email/Pho |
|---|---|
| | |

| Signature | Date of Approval (mm/dd/yy) |
|---|---|
| | |

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

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

- ☐ I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handli of the animals in this project.
- ☐ I will directly supervise the experiment.

| Printed Name | Email/ |
|---|---|
| | |

| Signature | Date of Approval (mm/dd/yy) |
|---|---|
| | |

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

# Vertebrate Animal Form (5B)

**This form is required for all research involving vertebrate animals that is conducted at a RRI.**
**(IACUC approval required BEFORE experimentation. This form must be completed and signed AFTER experimentation.)**

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project _____

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

**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.

**Qualified Scientist/Principal Investigator**

Printed Name

Signature

Date (mm/dd/yy)

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

# Potentially Hazardous Biological Agents Risk Assessment Form (6A)

**This form is required for all research involving microorganisms, rDNA, fresh/frozen tissue, blood, blood products and body fluids. SRC/IACUC/IBC approval is 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 (PHBA) to be used in this experiment. Include the strain, source, quantity and the biosafety level risk group of each microorganism.

2. Please indicate the BSL level of the experimentation site:

   ☐ None ☐ BSL-1 ☐ BSL-2

   If BSL-2 laboratory, not at an RRI, include the **BSL-2 checklist**

3. Describe the precautions that will be used to minimize risk.

4. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.

**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 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 conduct ed Research Institution and was approved by the appropriate institutional board prior to experimenta ional approval forms are attached.
Origin of cell lines:_____ Date of IRC/IBC/IACUC approval _____

☐ Experimentation on the microorganisms/cell lines/tissues to be used will be conducted at a Regulated Research Institution, which does not require IACUC or IBC approval for this type of study.

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

**CERTIFICATION – To be SIGNED by the QUALIFIED SCIENTIST or Direct Supervisor**

The QS/DS has seen this project's lan and supporting documentation owledges the accuracy of the information provided above. This study has be heck one) ☐ BSL d will be conducted in an appropriate laboratory.

**DO NOT write anything in this space.**

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

# Human and Vertebrate Animal Tissue Form (6B)

**This form is required for research involving fresh/frozen tissue (including human and/or vertebrate animal established cell lines and tissue culture collections), blood, blood products and body fluids. All projects using any tissue listed above must also complete Form 6A. This form must be completed by the QS/DS BEFORE 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
   - ☐ Vertebrate established cell lines
   - ☐ Exempt tissue (describe):

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 date. 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 supplied to him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were euthanized they 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 | | |

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

# Continuation/Research Progression Projects Form (7)

**This form is 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 Addendum. This form may be completed AFTER experimentation.**

Student's Name(s) _____

**To be completed by Student Researcher:** List all components of the current project that make it new and different from 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, the student researcher MUST include BOTH the Abstract & Research Plan. For any years farther back, the researcher MUST include the Abstract and Research Plan for *each* additional prior year's work in comparison to the current year's work.

Attached are:

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

☐ Previous Form 7s, if applicable.

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) |
|---|---|---|