

## 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: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

1. Have you reviewed the ISEF rules 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
  - a. If no, who will directly supervise and serve as the Designated Supervisor? \_\_\_\_\_
  - b. Experience/Training of the Designated Supervisor: \_\_\_\_\_

### 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 Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

\_\_\_\_\_  
Qualified Scientist's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval (mm/dd/yy)

### To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

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

\_\_\_\_\_  
Designated Supervisor's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval (mm/dd/yy)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## Risk Assessment Form (3)

**Must be completed before experimentation.**

Student's Name(s) \_\_\_\_\_

Title of Project \_\_\_\_\_

### To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist:

(All questions must be answered; additional page(s) may be attached.)

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
2. Identify and assess the risks involved in this project.
3. Describe the safety precautions and procedures that will be used to reduce the risks.
4. Describe the disposal procedures that will be used (when applicable).
5. List the source(s) of safety information.

### To be completed and signed by the Designated 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 Summary and will provide direct supervision.

\_\_\_\_\_  
Designated Supervisor's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Review (mm/dd/yy)

\_\_\_\_\_  
Position & Institution

\_\_\_\_\_  
Phone or email contact information

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

# 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
<b>Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:</b>	
1. <input type="checkbox"/> 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. <input type="checkbox"/> I have attached any surveys or questionnaires I will be using in my project or other documents provided to human participants. <input type="checkbox"/> Any published instrument(s) used was /were legally obtained.	
3. <input type="checkbox"/> I have attached an informed consent that I would use if required by the IRB.	
4. <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you working with a Qualified Scientist? If yes, attach the Qualified Scientist Form 2.	

## BELOW - IRB USE ONLY

<b>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.)</b>	
<input type="checkbox"/> Approved with Full Committee Review (3 signatures required) and the following conditions: <b>(All 6 must be answered)</b>	
1. Risk Level (check one):	<input type="checkbox"/> Minimal Risk <input type="checkbox"/> More than Minimal Risk
2. Qualified Scientist (QS) Required (Form 2):	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Designated Supervisor (DS) Required (Form 3):	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Written Minor Assent required for minor participants:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (No minors in this study)	
5. Written Parental Permission required for minor participants:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (No minors in this study)	
6. Written Informed Consent required for participants 18 years or older:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (No participants 18 yrs or older in this study)	
<b>IRB SIGNATURES (All 3 signatures required)</b> None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).	
<b>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.</b>	
<b>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.</b>	
Printed Name	Degree/Professional License
Signature	Date of Approval (Must be prior to experimentation.) (mm/dd/yy)
<b>Educator</b>	
Printed Name	Degree/Professional License
Signature	Date of Approval (Must be prior to experimentation.) (mm/dd/yy)
<b>School Administrator</b>	
Printed Name	Degree/Professional License
Signature	Date of Approval (Must be prior to experimentation.) (mm/dd/yy)

# 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, Designated 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 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, designated 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):

- Designated Supervisor REQUIRED. Please have applicable person sign below.
- Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Veterinarian, Designated 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 in case of illness or emergency. (Fees may apply.)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email/Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Approval (mm/dd/yy)

### To be completed by Designated 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 handling of the animals in this project.
- I will directly supervise the experiment.

\_\_\_\_\_  
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, designated 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)**

# 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/DESIGNATED 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 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.

## SECTION 2: TRAINING

1. What training will the student receive for this project?
2. Experience/training of Designated 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 DESIGNATED 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. 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 reviewed that the student received appropriate training and the project complies with ISEF rules.

## CERTIFICATION - To be SIGNED by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR

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

\_\_\_\_\_  
QS/DS Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of review (mm/dd/yy)

## SECTION 4: CERTIFICATION - To be completed by the LOCAL or AFFILIATED FAIR SRC

The SRC has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above.

\_\_\_\_\_  
SRC 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.**

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 of IACUC approval.

## To be completed by the Qualified Scientist or Designated Supervisor:

- I verify that the student will work solely with 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



# 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 project that make it new and different from previous research. The information must be on the form; use an additional form for previous year and earlier projects.

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		

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)

