Forms
THE OHIO ACADEMY of SCIENCE

Consent and Release Agreement

Required for participation in District and State Science Days, the Annual Meeting, Buckeye Science & Engineering Fair and any other activity of The Ohio Academy of Science

In consideration of the right and opportunity of the undersigned to attend and participate in District and State Science Days, the Annual Meeting or any other activity, program or event of The Ohio Academy of Science, the undersigned for him/herself and for his/her heirs and legal representatives hereby:

1. Fully and forever releases The Ohio Academy of Science (herein referred to as the Academy), and all of its past, present, and future affiliates, officers, directors, trustees, judges, peer-reviewers, committee members, employees, attorneys, agents, successors and assigns, and each of them, from any and all claims, damages, and causes of action of whatsoever kind or nature resulting from or relating to the undersigned's involvement, participation in or attendance at the activity, program or event;
2. Authorizes the Academy and any of its agents to provide, obtain, or designate any reasonable medical treatment and/or emergency medical treatment in the event of illness, injury, accident or incapacity of the undersigned;
3. Agrees to abide by all regulations and rules established by the Academy;
4. Agrees to indemnify the Academy against, and to save it harmless from, any and all damages, actions, causes of action, claims, judgments, executions, debts, costs of litigation and attorney fees which may in any way arise out of, or result from, the use by the undersigned of the property and facilities owned, used, or rented by the Academy;
5. Grants to the Academy, and its successors, assigns, agents, grantees, and licensees, the right to take and reproduce writings, photographs, films, and voice recordings of the Undersigned while the undersigned participates in the program, and to use the same and the undersigned's name and any past, current, or future biographical information submitted to the Academy for any and all purposes and in any manner, including commercial publications and advertisements of all kinds in all media;
6. This Consent and Release Agreement contains the entire agreement and understanding between and among the parties as to the subject matter hereof, and shall be binding upon the undersigned and the undersigned's heirs, administrators, executors, and assigns.

I have read and understand each of the above paragraphs. I understand that by signing this Consent and Release Agreement, I give up valuable rights.

Signature of Participant _________________________________ Printed Name __________________________

Date _____________________________

Street Address_________________________________________________________________

City/State/Zip____________________________________________

Phone (____)_______________________  Email _____________________________________

The following is required for minors: In consideration of the services and facilities provided by the Academy, I, (print name) _______________________ parent and/or guardian of the above Participant, a minor, hereby give my express consent to the execution of this Consent and Release Agreement and that I assume all liability and obligations of Participant as set forth in said paragraphs.

Signature of Parent _____________________________________ Printed Name __________________________

Date____________________________

Approved by the OAS Executive Committee December 19, 2001
C:\My Documents\Word\Governance\ConsentandReleaseAgreementDec2001.doc
Privacy Statement
The Ohio Academy of Science

The Ohio Academy of Science recognizes that individuals with whom we conduct business, including members and program participants, value their privacy. However, in order to conduct business in this increasingly electronic economy, the collection of personal information is often necessary and desirable. It is the Academy’s goal to balance the benefits of e-commerce and direct mail with the right of individuals to prevent the misuse of their personal information.

The collection of personal information
The Academy may request basic, personal information from you, like your name, e-mail address, and name of your employer, telephone, fax and biographical information. The Academy uses this information to communicate with you primarily by mail, phone, fax or email. In some cases we use this information for other purposes such as, but not limited to, the recruitment of volunteers for special tasks or assignments and solicitation of support. In addition, the Academy may use this information for other purposes, such as alerting you to products and services from the Academy or from others who can assist you in your education, profession or enjoyment of science.

In general, you can visit our website without divulging any personal information. However, there are areas of this site that may require this information to complete their customization functions, and may not be available to those choosing not to reveal the information requested.

Although not of a personal nature, the Academy may collect domain information as part of its analysis of the use of our website. In general this data enables us to become more familiar with the several categories or domains of members and customers visit our site, how often they visit, or what pages of the site they visit most often. The Academy uses this information to improve its Web-based offerings. This information is collected automatically and requires no action on your part.

Disclosure to third parties
In cases where we believe your educational or professional business interests will be served, the Academy may share your information (with the exception of financial information, credit card, and ordering information) with others who can alert you about new products, services, educational or professional opportunities that may be of benefit to you. Most third parties are authorized to use this information on a one-time basis only, however, if you receive unwanted marketing materials from any of our business associates, please let us and them know that you wish to be removed from their contact list. You always have the right to inform us that you do not want us to share this information beyond the Academy.

The Ohio Academy of Science reserves the right to change, modify, or update this statement at any time without notice.

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C:\My Documents\Word\Governance\OAS Privacy Statement.doc
Approved by the Executive Committee on December 19, 2001.
Checklist for Adult Sponsor (1)
This completed form is required for ALL projects.

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

Student's Name(s):

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**Project Title:**

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1. □ I have reviewed the Intel ISEF Rules and Guidelines.
2. □ I have reviewed the student’s completed Student Checklist (1A) and Research Plan.
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
   - □ Student Checklist (1A)
   - □ Approval Form (1B)
   - □ Regulated Research Institutional/Industrial Setting Form (1C) (when applicable after completed experiment)
   - □ Continuation/Research Progression Form (7) (when applicable)

6) **Additional forms required if the project includes the use of one or more of the following** (check all that apply):
   - □ **Humans** (Requires prior approval by an Institutional Review Board (IRB); see full text of the rules.)
     - □ Human Participants Form (4) or appropriate Institutional IRB documentation
     - □ Sample of Informed Consent Form (when applicable and/or required by the IRB)
     - □ Qualified Scientist Form (2) (when applicable and/or required by the IRB)
   - □ **Vertebrate Animals** (Requires prior approval, see full text of the rules.)
     - □ Vertebrate Animal Form (5A)—for projects conducted in a school/home/field research site (SRC prior approval required.)
     - □ Vertebrate Animal Form (5B)—for projects conducted at a Regulated Research Institution. (Institutional Animal Care and Use Committee (IACUC) approval required prior experimentation.)
     - □ Qualified Scientist Form (2) (Required for all vertebrate animal projects at a regulated research site or when applicable)
   - □ **Potentially Hazardous Biological Agents** (Requires prior approval by SRC, IACUC or Institutional Biosafety Committee (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)
     - □ Risk Assessment Form (3) required for projects involving protists, archae and similar microorganisms, for projects using manure for composting, fuel production or other non-culturing experiments, for projects using color change coliform water test kits, microbial fuel cells, and for projects involving decomposing vertebrate organisms

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

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**Adult Sponsor's Printed Name**

**Signature**

**Date of Review**

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**Phone**

**Email**

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# 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: ____________________________
   
   School Address: ________________________________________________________________
   

4. Adult Sponsor: ____________________________ Phone/Email: ____________________________

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

6. This year’s laboratory experiment/data collection: (must be stated (mm/dd/yy))

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

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

   □ Research Institution  □ School  □ Field  □ Home  □ Other: ____________________________

8. List name and address of all non-school work site(s):

   Name: ____________________________
   
   Address: ____________________________
   
   ____________________________
   
   ____________________________
   
   Phone: ____________________________

9. Complete a Research Plan/Project Summary following the Research Plan instructions and attach to this form.

10. An abstract is required for all projects after experimentation.
Research Plan/Project Summary Instructions
A complete Research Plan/Project Summary is required for ALL projects and must accompany Student Checklist (1A).

The Research Plan/Project Summary is a succinct detailing of the rationale, research question(s), methodology, and risk assessment of your research project and should be completed before the start of your experimentation. Any changes you make to your study should be added to the final document.

The research plan for ALL projects should include the following:

a. What is the **RATIONALE** for your project? Include a brief synopsis of the background that supports your research problem and explain why this research is important scientifically and if applicable, explain any societal impact of your research.

b. State your **HYPOTHESIS(ES), RESEARCH QUESTION(S), ENGINEERING GOAL(S), EXPECTED OUTCOMES**. How is this based on the rationale described above?

c. Describe in detail your **RESEARCH METHODS AND CONCLUSIONS**.
   - **Procedures**: Detail all procedures and experimental design including methods for data collection. Describe only your project. Do not include work done by mentor or others.
   - **Risk and Safety**: Identify any potential risks and safety precautions needed.
   - **Data Analysis**: Describe the procedures you will use to analyze the data/results that answer research questions or hypotheses.

d. **Bibliography**: List at least five (5) major references (e.g. science journal articles, books, internet sites) from your literature review. If you plan to use vertebrate animals, one of these references must be an animal care reference.

Items 1–4 below are subject-specific guidelines for additional items to be included in your research plan/project summary as applicable.

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

2. **Vertebrate animal research**:
   - Briefly discuss potential **ALTERNATIVES** to vertebrate animal use and present a detailed justification for use of vertebrate animals
   - Explain potential impact or contribution this research may have
   - **Detail all procedures to be used**
     - Include methods used to minimize potential discomfort, distress, pain and injury to the animals during the course of experimentation
     - Detailed chemical concentrations and drug dosages
   - **Detail animal numbers, species, strain, sex, age, source, etc.**
     - Include justification of the numbers planned for the research
   - **Discuss housing and oversight of daily care**
   - **Discuss disposition of the animals at the termination of the study**

3. **Potentially hazardous biological agents research**:
   - Describe Biosafety Level Assessment process and resultant BSL determination
   - Give source of agent, source of specific cell line, etc.
   - **Detail safety precautions**
   - **Discuss methods of disposal**

4. **Hazardous chemicals, activities & devices**:
   - Describe Risk Assessment process and results
   - **Detail chemical concentrations and drug dosages**
   - **Describe safety precautions and procedures to minimize risk**
   - **Discuss methods of disposal**
### Approval Form (1B)
A completed form is required for each student, including all team members.

#### 1. To Be Completed by Student and Parent

**a. Student Acknowledgment:**
- I understand the risks and possible dangers to me of the proposed research plan.
- I have read the Intel ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.
- I have read and will abide by the following Ethics statement

**Science fraud and misconduct are not condoned at any level of research or competition. Such practices include plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs and the Intel ISEF.**

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<tr>
<th>Student's Printed Name</th>
<th>Signature</th>
<th>Date Acknowledged (mm/dd/yy)</th>
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<td>(Must be prior to experimentation.)</td>
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**b. Parent/Guardian Approval:** I have read and understand the risks and possible dangers involved in the Research Plan. I consent to my child participating in this research.

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<th>Parent/Guardian's Printed Name</th>
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<td>(Must be prior to experimentation.)</td>
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#### 2. To be completed by the local or affiliated Fair SRC
(Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

**a) Required for projects that need prior SRC/IRB approval BEFORE experimentation**
(humans, vertebrates or potentially hazardous biological agents)

The SRC/IRB has carefully studied this project’s Research Plan and all the required forms are included. My signature indicates approval of the Research Plan before the student begins experimentation.

<table>
<thead>
<tr>
<th>SRC/IRB Chair’s Printed Name</th>
<th>Signature</th>
<th>Date of Approval (mm/dd/yy)</th>
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<td>(Must be prior to experimentation.)</td>
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**b) Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval.**

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

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<tr>
<th>SRC Chair’s Printed Name</th>
<th>Signature</th>
<th>Date of Approval (mm/dd/yy)</th>
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#### 3. Final Intel ISEF Affiliated Fair SRC Approval
(Required for ALL Projects)

**SRC Approval After Experimentation and Before Competition at Regional/State/National Fair**

I certify that this project adheres to the approved Research Plan and complies with all Intel ISEF Rules.

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<th>Regional SRC Chair’s Printed Name</th>
<th>Signature</th>
<th>Date of Approval</th>
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<tr>
<th>State/National SRC Chair’s Printed Name (where applicable)</th>
<th>Signature</th>
<th>Date of Approval</th>
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Regulated Research Institutional or Industrial Setting Form (1C)
This form must be completed AFTER experimentation by the adult supervising the student research conducted in a regulated research institution, industrial setting or any work site other than home, school or field.

This form MUST be displayed with your project; responses must be on the form.

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 remain on the form as it is required to be displayed at student's project booth.)

The student(s) conducted research at my work site:

a. ☐ to use the equipment
b. ☐ to perform experiment(s)/conduct research

1. Have you reviewed the Intel ISEF rules relevant to this project? ☐ Yes ☐ No

2. Is this research a subset of your work? ☐ Yes ☐ No

3. How did the student get the idea for her/his project?
   (e.g. Was the project assigned, picked from a list, an original student idea, etc.)

4. Did the student(s) work on the project as a part of a research group? ☐ Yes ☐ No
   If yes, how large was the group and what kind of research group was it (students, group of adult researchers, etc.)

5. What specific procedures or equipment did the student(s) actually use for the project?
   Please list and describe. (Do not list procedures student only observed.)

6. How independent or creative was the student's/students' work?

Student research projects dealing with human participants, vertebrate animals or potentially hazardous biological agents require review and approval by an institutional regulatory board (IRB/IAUC/IBC). Copy of approval(s) must be attached, if applicable.

Supervising Adult's Printed Name ______________________________ Signature ______________________________ Title ________________

Institution ______________________________ Date Signed (must be after experimentation) ______________________________

Address ______________________________ Email/Phone ______________________________
Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and DEA-controlled substances. 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 Intel 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. DEA-controlled substances ☐ Yes ☐ No

3. Was this study a sub-set of a larger study? ☐ Yes ☐ No

4. Will you directly supervise the student?
   a. If no, who will directly supervise and serve as the Designated Supervisor?

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

I certify that I have reviewed the Research Plan 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

Phone Email
## Risk Assessment Form (3)

Required for projects using hazardous chemicals, activities or devices and microorganisms exempt from pre-approval. Must be completed before experimentation.

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<th>Title of Project</th>
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**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/identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules), and all hazardous chemicals, activities, or devices that will be used.

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.

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**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 and will provide direct supervision.

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<th>Designated Supervisor's Printed Name</th>
<th>Signature</th>
<th>Date of Review (mm/dd/yy)</th>
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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 experimentation.)

<table>
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<tr>
<th>Student's Name(s)</th>
<th>Title of Project</th>
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Adult Sponsor Contact | Phone/Email

**Must be completed by Student Researcher(s) in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:**

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

**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.)**

1. ☐ Approved with Full Committee Review (3 signatures required) and the following conditions:
   - (All 5 must be answered)
   - 1. Risk Level (check one) :
     - ☐ Minimal Risk ☐ More than Minimal Risk
   - 2. Qualified Scientist (QS) Required:
     - ☐ Yes ☐ No
   - 3. Written Minor Assent required for minor participants:
     - ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
   - 4. Written Parental Permission required for minor participants:
     - ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
   - 5. Written Informed Consent required for participants 18 years or older:
     - ☐ Yes ☐ No ☐ Not applicable (No participants 18 yrs or older in this study)

☐ Approved with Expedited Review (1 signature required). Study involves either of the following:

- ☐ Human participants will only provide feedback on project design/invention/etc., no personal data will be collected and there are no health or safety hazards.
- ☐ Student is the only subject of the research and no more than minimal risk is involved.

**IRB SIGNATURES (All 3 signatures required unless expedited review checked above)** 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).

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, or registered nurse)

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<td>Signature</td>
<td>Date of Approval (Must be prior to experimentation.)</td>
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<tr>
<td>Educator</td>
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<td>Signature</td>
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School Administrator

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<th>Printed Name</th>
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<td>Signature</td>
<td>Date of Approval (Must be prior to experimentation.)</td>
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### 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.

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<th>Student Researcher(s):</th>
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<td>Title of Project:</td>
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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 box 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:

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<th>Adult Sponsor/QS/DS:</th>
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<td>Phone/email:</td>
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**Voluntary Participation:**

Participation in this study is completely voluntary. If you decide not to participate there will not be any 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: | ____________________________ |
|---------------------------------------|-------------------------|
| Printed Name of Research Participant: | Signature:              | ____________________________ |

| Parental/Guardian Permission (if applicable) | Date Reviewed & Signed: | ____________________________ |
|---------------------------------------------|-------------------------|
| 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.

3. What will happen to the animals after experimentation?

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

5. The Intel 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:

☐ 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:

<table>
<thead>
<tr>
<th>SRC Chair Printed Name</th>
<th>Signature</th>
<th>Date of Approval (must be prior to experimentation) (mm/dd/yy)</th>
</tr>
</thead>
</table>

To be completed by Veterinarian:

☐ I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation.

☐ I certify that I have approved the use and dosages of prescription drugs and/or nutritional supplements.

☐ I certify that I will provide veterinary medical and nursing care in case of illness or emergency.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Email/Phone</th>
<th>Signature</th>
<th>Date of Approval</th>
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</table>

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

☐ I certify that 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 certify that I will directly supervise the experiment.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Email/Phone</th>
<th>Signature</th>
<th>Date of Approval</th>
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</thead>
</table>
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.)

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. Does the student’s project also involve the use of tissues?
   - No
   - Yes (Forms 6A and 6B also required)

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

Vertebrate Animal Form (5B)
### 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.**

<table>
<thead>
<tr>
<th><strong>Student’s Name(s)</strong></th>
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<th><strong>Title of Project</strong></th>
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<tr>
<th><strong>To be completed by Student Researcher(s) in collaboration with Qualified Scientist/Designated Supervisor:</strong></th>
</tr>
</thead>
</table>

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 equip., 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.

<table>
<thead>
<tr>
<th><strong>To be completed by Qualified Scientist or Designated Supervisor</strong></th>
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</thead>
</table>

1. What training will the student receive for this project?

2. Do you concur with the biosafety information and recommendation provided by the student researcher above?

   - [ ] Yes  
   - [ ] No  
   
   If no, please explain.

3. Experience/training of Designated Supervisor as it relates to the student’s area of research (if applicable)

<table>
<thead>
<tr>
<th><strong>QS/DS Printed Name</strong></th>
<th><strong>Signature</strong></th>
<th><strong>Date of Signature (mm/dd/yy)</strong></th>
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| **To be completed by Local or Affiliate Fair SRC: (Check all that apply.)** |

- [ ] The SRC has carefully studied this project’s Research Plan and the risk level assessment above _prior to experimentation_ and approves this study as a BSL-1 study, which must be conducted at a BSL-1 or above laboratory.  
  
  **Date of SRC approval (prior to experimentation) _____________________**

- [ ] The SRC has carefully studied this project’s Research Plan and the risk level assessment above _prior to experimentation_ and approves this study as a BSL-2 study, which must be conducted at a BSL-2 or above laboratory.  
  
  **Date of SRC approval (prior to experimentation) _____________________**

- [ ] This project was conducted at a Research Institution and was reviewed and approved by the appropriate institutional board (e.g. IACUC, IBC) before experimentation at a BSL-1 or BSL-2 laboratory and complies with the Intel ISEF rules. The required institutional forms are attached.  
  
  **Date of SRC approval (after experimentation) _____________________**

- [ ] The Research Institution where this study was conducted does not require approval for this type of study. The student has received proper training and the project complies with Intel ISEF rules. Attached is institutional documentation certifying the above.  
  
  **Date of SRC approval**

<table>
<thead>
<tr>
<th><strong>SRC Chair’s Printed Name</strong></th>
<th><strong>Signature</strong></th>
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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 date 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 Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.

Printed Name __________________________ Signature __________________________ Date of Approval __________________________
(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.

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 2011–2012 and earlier projects.

<table>
<thead>
<tr>
<th>Components</th>
<th>Current Research Project</th>
<th>Previous Research Project</th>
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<tbody>
<tr>
<td>1. Title</td>
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<td>2. Change in goal/purpose/objective</td>
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<td>5. Additional changes</td>
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<td>2013–2014</td>
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<td>2012–2013</td>
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</tbody>
</table>

Attached are:

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