GNOSEF Tips for completing ISEF forms.

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): _____

Project Title: _____

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

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

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

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

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

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

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

☐ **I attest to the information checked above and that I have read and agree to abide by the science fair ethics statement.**

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

Phone _____ Email _____

REQUIRED FOR ALL PROJECTS

✓ All forms must be typed or printed legibly. Because these will be scanned, do not use pencil, blue or colors other than **black ink.**

✓ To be completed by student(s) and adult sponsor. If team, list all members.

✓ All projects require items #1-3 and 5 to be checked off. Some projects need item #4 (can be double checked by looking at bottom to see if any are checked).

✓ If any of these are checked,students need to submit the required additional forms (form numbers are indicated for each item). The research plans for these also need to include the sections found on pg 33.

✓ To be signed by adult sponsor with date of review **(date must be prior to start date on form 1A, #7).**

✓ Adult sponsor must list contact information.

✓ **Must use current year's ISEF forms.**

Student Checklist (1A)

This form is required for ALL projects.

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

   Email: _____ Phone: _____

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

2. Title of Project: _____

   _____

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

   School Address: _____

   _____

4. Adult Sponsor: _____ Phone/Email: _____

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

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

7. This year's experimentation/data collection:

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

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

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

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

    Name _____ _____

    Address: _____ _____

    _____ _____

    Phone/email _____ _____

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

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

REQUIRED FOR ALL PROJECTS

- ✓ Students may list school phone
- ✓ All team members must be listed
- ✓ Complete school phone and address needed with **city, state, zip.**
- ✓ Adult sponsor and contact info needed.
- ✓ If "yes" checked on #5, needs tentative start date.
- ✓ If "yes" checked on #6, must include prior approved paperwork listed and a form 7.
- ✓ Complete Start/ End Dates for **registration** submission; leave blank for **prior approval** submissions (remind students that work cannot start until after approval so actual date must reflect SRC approval date).
- ✓ Data source must be indicated in #9.
- ✓ Complete for ALL worksites that are not school or home including any/all field sites
- ✓ **Must include detailed research plan with ALL required ISEF components (see ISEF Guidelines, p 31).**
- ✓ **Abstract required on ISEF current official form for final registration submissions.**

Approval Form (1B)

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

1. To Be Completed by Student and Parent

a. **Student Acknowledgment:**

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

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

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

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

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

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

(Required for projects requiring prior SRC/IRB 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/Project Summary** and all the required forms are included. My signature indicates approval of the **Research Plan/Project Summary** before the student begins experimentation.

SRC/IRB Chair's Printed Name

Signature

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

OR

b. **Required for research conducted at all Regulated 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 ISEF Rules. **Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).**

SRC Chair's Printed Name

Signature

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

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

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

I certify that this project adheres to the approved **Research Plan/Project Summary** and complies with all ISEF Rules.

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

REQUIRED FOR ALL PROJECTS

- ✓ All dates need to be **PRIOR** to start dates on form 1a, #7.
- ✓ Digital signatures are allowed but must be created with a verification system such as Adobe Acrobat or DocuSign with a time and date stamp to indicate this authentication. **They cannot be a printed or simple script font.**
- ✓ **Part 2 a** will be signed by the GNOSEF SRC for projects submitted to and approved by the GNOSEF SRC.
- ✓ **Part 2b** will be signed by the Regulated Research Institution's SRC/ IRB chair who must attach all ISEF required proper documentation and institutional approvals.
- ✓ **School-site personnel should not sign in either of these sections.**
- ✓ **For GNOSEF, LSEF, ISEF use only. Do not complete.**

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

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

Student's Name(s) _____

Title of Project _____

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. Describe the student experience at your work site (check all that apply):
   - Used Equipment ☐ 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
2. 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
3. Detail the student's role in conducting the research (e.g. data collection, specific procedures performed). Differentiate what the student observed and the student actually did.
4. Did the student(s) work on the project as part of a group? ☐ Yes ☐ No
   Were there other high school students present? If yes, please list the students names and describe how their work was related or different from the work of this projecct.
5. If this project is under a grant and needs to be acknolwedged, please list the grant statement here.

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 acknowledge that the student will be presenting this work publicly in competition and I have communicated with the student research regarding any requirements for my review and/or restrictions of what is publicized.

Direct Supervisor's Printed Name	Signature	Title
Institution		Date Signed (must be after experimentation) (mm/dd/yy)
Address		Email/Phone

Note: ISEF Form Change for 2025

REQUIRED OF PROJECTS COMPLETED AT RESEARCH INSTITUTIONS, INDUSTRIAL SETTINGS OR OTHER SITES OTHER THAN HOME, SCHOOL, FIELD

NOT REQUIRED FOR PRE-APPROVAL.

NEEDS TO BE SUBMITTED FOR REGISTRATION SUBMISSIONS.

✓ To be completed by direct supervising adult.

✓ Include only the work done by the student(s) submitting the project.

✓ **Completed (and dated) AFTER experimentation is complete (date should be after end date on form 1A).**

✓ May require additional documents provided by the institution with the appropriately approved and signed institutional official documentation if involves humans, vertebrates, potentially hazardous biological agents.

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. Must be completed and signed before the start of student experimentation.

Student's Name(s) _____

Title of Project _____

_____

To be completed by the Qualified Scientist:

Scientist Name: _____

Educational Background: _____ Degree(s): _____

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

_____ _____

Position/Institution: Email/Phone:

1. Have you reviewed the ISEF rules relevant to this project and the science fair ethics statement relevant to this project? ☐ Yes ☐ No
2. Will any of the following be used?
   a. Human participants ☐ Yes ☐ No
   b. Vertebrate animals ☐ Yes ☐ No
   c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) ☐ Yes ☐ No
   d. Hazardous substances and devices ☐ Yes ☐ No
3. Will this study be a sub-set of a larger study? ☐ Yes ☐ No
4. Will you directly supervise the student? ☐ Yes ☐ No

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Direct Supervisor is not trained in the necessary procedures, I will 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.

_____
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 Summary 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 Designated Supervisor

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

_____ _____
Phone email

REQUIRED FOR MOST PROJECTS INVOLVING HUMANS, VERTEBRATES, POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS, DEA-CONTROLLED SUBSTANCES.

✓ Completed by QS.

✓ Include the Experience and Training section.

✓ All boxes in #1-4 require response checks.

✓ If not directly supervised by the QS (see#4), a designated supervisor (DS) must be specified along with their Experience/Training .

Risk Assessment Form (3)

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

Student's Name(s) _____

Title of Project _____

_____

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

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

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

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

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

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

To be completed and signed by the Direct Supervisor (or Qualified Scientist, 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 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 _____

REQUIRED FOR MOST PROJECTS REQUIRING PRIOR APPROVAL (some PHBAs) OR WITH ANY POTENTIAL HAZARDS

- ✓ #1 should indicate specific risks identified. **NA or none are not acceptable answers.**
- ✓ #2 should have all chemicals, activities, devices of potential harm.
- ✓ #3 should cite specific, acceptable safety protocols for all risks identified (e g gloves, safety glasses, fire extinguishers, etc.)
- ✓ #4 Disposal should indicate specific safe practices for protocols used.
- ✓ #5 Specific sources of safety info should be documented. May be MSDS, safety training, etc.

- ✓ Needs to be completed by the DS or QS to include ALL information requested.

GNOSEF: FIREARMS PROJECTS MUST INCLUDE PROPER GNOSEF DOCUMENTATION. (REQUIRED FOR ANY PROJECTS USING FIREARMS, EXPLOSIVES, ARROWS OR OTHER PROJECTILES.)

Human Participants Form (4)

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

Student's Name(s) | Title of Project

Adult Sponsor | Phone/Email

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

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

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 conditions: **(All 6 must be answered)**

1. Risk Level (check one) : ☐ Minimal Risk ☐ More than Minimal Risk (a risk assessment form 3 is required).
2. Qualified Scientist (QS) Required (Form 2): ☐ Yes ☐ No
3. Risk Assessment Required (Form 3): ☐ Yes ☐ No
4. Written Minor Assent required for minor participants: ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
5. Written Parental Permission required for minor participants: ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
6. Written Informed Consent required for participants 18 years or older: ☐ Yes ☐ No ☐ Not applicable (No participants 18 yrs or older in this study)

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.

Printed Name | Degree/Professional License

Signature/Date (prior to experimentation) | Email

Educator

Printed Name | Degree/Professional License

Signature/Date (prior to experimentation) | Email

School Administrator

Printed Name | Degree/Professional License

Signature/Date (prior to experimentation) | Email

REQUIRED FOR ALL PROJECTS WHICH INVOLVE HUMAN PARTICIPANTS

- ✓ Completed by student/adult sponsor.
- ✓ All items in #1-4 require a response.
- ✓ **All human participant projects must be reviewed by a FULL IRB.**
- ✓ All items in this section need to be completed by the school or institution's IRB.
- ✓ **All members of the IRB** need to complete all items in this section including their degree/license as it pertains to their role on the IRB.

Human Informed Consent Form

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

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

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

Student Researcher(s): _____

Title of Project: _____

I am asking for your voluntary participation in my science fair project. Please read 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:

- ✓ All Human Subject projects that require written informed consent for minors or consenting adults must include a sample copy of an informed consent that will be secured from all eligible participants.
- ✓ Students may devise their own form which should contain the information requested in this sample template.
- ✓ Participants must have a clear idea of what is being asked of them and any possible risks attached to the activity.
- ✓ All human participant projects must document how confidentiality will be maintained.
- ✓ Adult Sponsor must be identified with contact information.
- ✓ All participants must indicate assent and the parents/guardians of minors must also sign indicating permission to participate.

Vertebrate Animal Form (5A)

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

Student's Name(s)_____

Title of Project_____

To be completed by Student Researcher:

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

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

3. What will happen to the animals after experimentation?

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

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

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

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

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

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

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

To be completed by Veterinarian:

- ☐ I have reviewed this research and animal husbandry with the student before the start of 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 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 handling of the animals in this project.
- ☐ I will directly supervise the experiment.

Printed Name | Email/Phone

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

REQUIRED FOR ALL VERTEBRATE PROJECTS THAT ARE DONE AT SCHOOL, HOME OR IN A FIELD RESEARCH SITE.

- ✓ Be sure all are addressed and complete in #1-5.
- ✓ **In #2, all aspects of housing, feeding and care must be documented. BE SPECIFIC.**
- ✓ All necessary copies of licenses or approval forms must be included.
- ✓ The GNOSEF SRC will complete this section to advise the student on the level of supervision required. It should not be completed by school site personnel.
- ✓ If a QS or DS completes this section, their qualifications to advise student on the animal care and experimentation should be documented on the Form 2.

Vertebrate Animal Form (5B)

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

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project:

_____

To be completed by Qualified Scientist or Principal Investigator:

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

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

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

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

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

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

Qualified Scientist/Principal Investigator	
Printed Name	
Signature	Date (mm/dd/yy)

REQUIRED FOR ALL VERTEBRATE PROJECTS THAT ARE DONE AT AN APPROVED REGULATED RESEARCH INSTITUTION.

✓ Needs to include Title and Protocol Number of IACUC Approved Project

✓ All items 1-5 must be completed by the QS or PI.

✓ **MUST INCLUDE COPIES OF THE OFFICIAL SIGNED IACUC APPROVAL.**

✓ Must be signed, dated (prior to start date) by QS/PI.

Potentially Hazardous Biological Agents Risk Assessment Form (6A)

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

Student's Name(s)_____

Title of Project_____

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

SECTION 1: PROJECT ASSESSMENT

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

SECTION 2: TRAINING

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

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

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

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

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

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

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

REQUIRED FOR ALL PROJECTS WITH RESEARCH INVOLVING MICROORGANISMS, rDNA, FRESH/FROZEN TISSUES, BLOOD, BLOOD PRODUCTS, BODY FLUIDS.

- ✓ The QS and student(s) should completely address all items 1-5. Student should identify organism, quantity used, and biosafety level.
- ✓ #2: Indicate the location and description of the lab used, including BSL.
- ✓ #3: Describe ways to minimize risk.
- ✓ #4: Indicate a final BSL of the project.
- ✓ #5: Acceptable disposal methods must be addressed.
- ✓ Section 2: Address training for student, experience of DS.
- ✓ QS/DS needs to address all items here, sign and date (prior to start date).
- ✓ All dates need to be before start date.
- ✓ GNOSEF SRC will determine certification during pre- approval. **Not to be signed by school site personnel.**

Human and Vertebrate Animal Tissue Form (6B)

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

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher(s):

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

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

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

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 _____

REQUIRED FOR ALL PROJECTS WITH RESEARCH INVOLVING FRESH/FROZEN TISSUES, BLOOD, BLOOD PRODUCTS, BODY FLUIDS.

Also requires form 6a.

✓ Items #1-3 need to be completed by QS or DS.

✓ Cell/tissue sources need to be clearly identified in detail, including source and catalogue number.

✓ If tissue provided to student from another study (not purchased cell lines), # 3 needs to be completed and IACUC information and documentation provided.

✓ Completed by QS/DS. Date should be prior to start date.

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.

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) _____

REQUIRED FOR ALL CONTINUATION OR PROGRESSION PROJECTS

- ✓ Any project based on the area of the student's prior research could be considered a continuation/research progression project. These projects must document that the additional research is a substantive expansion from prior work (e.g. testing a new variable or new line of investigation).
- ✓ If this form is completed, student(s) must also include a copy of previous research plan and abstract with their submission.
- ✓ If current project is based on multiple prior years' work, a form 7 and required paperwork must be include for each year.
- ✓ Should be signed and dated prior to start date on form 1a.

Repetition of previous experimentation with the same methodology and research question, even with an increased sample size, is an example of an unacceptable continuation.