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) \(\square\) I have reviewed the Intel ISEF Rules and Guidelines. 2) I have reviewed the student's completed Student Checklist (1A) and Research Plan. 3) \(\Box \) 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 Potentially Hazardous Biological Agents □ Vertebrate Animals ☐ Microorganisms □ rDNA □ Tissues 5) Items to be completed for **ALL PROJECTS** ☐ Adult Sponsor Checklist (1) ☐ Research Plan ☐ Approval Form (1B) ☐ Student Checklist (1A) ☐ 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 ☐ **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) Adult Sponsor's Printed Name Date of Review Signature Phone **Email**

Student Checklist (1A) This form is required for ALL projects.

1)	a. Student/Team Leader:	Grade:			
	Email:	Phone:			
	b. Team Member:	c. Team Member:			
2)	Title of Project:				
3)	School:	School Phone:			
	School Address:				
4)	Adult Sponsor:	Phone/Email:			
5)	Is this a continuation/progression from a previous year? If Yes:	□ Yes □ No			
	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	e stated (mm/dd/yy))			
	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)			
7)	Where will you conduct your experimentation? (check all ☐ Research Institution ☐ School ☐ Field	that apply) □ Home □ Other:			
8)	List name and address of all non-school work site(s):				
Na	me:				
Ad	dress:				
Ph	one:				
9)	Complete a Research Plan following the Research Plan	instructions and attach to this form.			
10	An abstract is required for all projects after experime	ntation.			

Research Plan Instructions (complete) A complete research plan is required and must accompany Checklist for Student (1A)

Provide a typed research plan and attach to Student Checklist (1A). Please include your name on each page. The research plan for ALL projects is to include the following:

- A. Question or Problem being addressed
- B. Goals/Expected Outcomes/Hypotheses
- C. Description in detail of method or procedures (The following are important and key items that should be included when formulating ANY AND ALL research plans.)
 - Procedures: Detail all procedures and experimental design to be used for data collection
 - Risk and Safety: Identify any potential risks and safety precautions to be taken.
 - 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.
 - Choose one style and use it consistently to reference the literature used in the research plan
 - Guidelines can be found in the Student Handbook

Items 1-4 below are subject-specific quidelines for additional items to be included in your research plan 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
- Describe housing and oversight of daily care
- Discuss disposition of the animals at the termination of the study

3. Potentially Hazardous Biological Agents:

- 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.

	rledgment: the risks and possi	ble dangers to r		f the proposed researc will adhere to all Interna	h plan. ational Rules when conducting this
 I have read ar 	nd will abide by the	e following Ethic	s st	atement	
	or presentation of	of other resear	cher	's work as one's own,	petition. Such practices include and fabrication of data. ntel ISEF.
	n Approval: I have on the contract of the co			M) the risks and possible t	Date Acknowledged (mm/dd/yy) lust be prior to experimentation.) dangers involved in the Research
Parent/Guardian's Printe	d Name	Signature		(M	Date Acknowledged (mm/dd/yy) lust be prior to experimentation.)
2) To be completed (Required for project				• SRC L. Sign 2a or 2b as ap	propriate.)
a) Required for project approval BEFORE ex (humans, vertebrates biological agents) The SRC/IRB has carefull	(perimentation s or potentially haz	ardous	OR	Research Institution approval. This project was condinstitution (not home	earch conducted at all Regulated tions with no prior fair SRC/IRB ucted at a regulated research or high school, etc.), was ed by the proper institutional
Plan and all the required indicates approval of the student begins experime	Research Plan be				entation and complies with the character in the character
SRC/IRB Chair's Printed Nar	ne			SRC Chair's Printed Na	nme
Signature		oval (mm/dd/yy) to experimentation.)		Signature	Date of Approval (mm/dd/yy)
3) Final Intel ISEF I	Affiliated Fair	SRC Approva	əl	(Required for A	LL Projects)
SRC Approval After Exp I certify that this project					
Regional SRC Chair's Prin	ted Name	Signature			Date of Approval
State/National SRC Chair	's Printed Name	Signature			Pate of Approval

(where applicable)

Regulated Research Institutional/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.

St	:udent's Name(s)			
Tit	tle of Project			
	b be completed by the Supervision Responses must remain on the form a	•	• •	•
Th	ne student(s) conducted research at m	ny work site:		
a)) \square to use the equipment	b) \square to perform experiment(s)/c	conduct researc	:h
1)	Is this research a subset of your wo	ork?	☐ Yes	□ No
2)	Have you reviewed the Intel ISEF re	ules relevant to this project?	☐ Yes	□ No
3)	How did the student get the idea for (e.g. Was the project assigned, picket		dea, etc.)	
4)	Did the student(s) work on the proj If yes, how large was the group and			
5)	What specific procedures or equipm Please list and describe. (Do not list	()		:t?
6)	How independent or creative was t	the student's/students' work?		
	Student research projects dealing vagents require review and approva		•	2
	Supervising Adult's Printed Name	Signature		Title
	Institution		Date	e Signed (must be after experimentation)
	Address		Ema	il/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.

Stu	dent's Name(s)				
Titl	e of Project				
То	be completed by the Qualified Scientist:				
Scie	entist Name:				
Edu Exp	cational Background:erience/Training as relates to the student's area of r	research:	Degree(s): _		
Pos	ition:Ins	titution:			
Adc	lress: E	- - - - - - - - - - - - - - - - - - -	ne:		
	Have you reviewed the Intel ISEF rules relevant to the			☐ Yes	□ No
2)	 Will any of the following be used? a) Human participants b) Vertebrate animals c) Potentially hazardous biological agents (microorgincluding blood and blood products) d) DEA-controlled substances 	ganisms,	rDNA and tissues,	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No □ No
3) \	was this study a sub-set of a larger study?			☐ Yes	□ No
•	Will you directly supervise the student? a) If no, who will directly supervise and serve as the b) Experience/Training of the Designated Supervis	_	ated Supervisor?	☐ Yes	□ No
	To be completed by the Qualified Scientist: I certify that I have reviewed and approved the Research		To be completed by when the Qualified supervise.		
	Plan 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. I understand that a Designated Supervisor is required when the student is not		I certify that I have revi been trained in the tech and I will provide direct	nniques to be u supervision.	used by this student,
	conducting experimentation under my direct supervision. Qualified Scientist's Printed Name		Designated Supervisor Signature	's Printed Nar	Date of Approval
	Signature Date of Approval		Phone	Email	

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.

Stu	Student's Name(s)				
Titl	tle of Project				
	To be completed by Student Researcher(s) in collaboration with Qualified Scientist/Designated Supervisor: (All questions are applicable and must be answered; additional page(s) may be attached.)				
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	ogical containment.			
3.	Describe the procedures that will be used to minimize risk. (per	sonal protective equip., hood type, etc.)			
4.	What final biosafety level do you recommend for this project gi	ven the risk assessment you conducted?			
5.	Describe the method of disposal of all cultured materials and of	ther potentially hazardous biological agents.			
	To be completed by Qualified Scientist or Designated Supervisor 1. What training will the student receive for this project?				
2.	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	he student's area of research (if applicable)			
QS	S/DS Printed Name Signature	Date of Signature (mm/dd/yy)			
To	o be completed by Local or Affiliate Fair SRC: (Chec				
	and approves this study as a BSL-1 study, which must be con	nd the risk level assessment above prior to experimentation Inducted at a BSL-1 or above laboratory. IC approval (prior to experimentation)			
	and approves this study as a BSL-2 study, which must be con	nd the risk level assessment above prior to experimentation nducted at a BSL-2 or above laboratory. IC approval (prior to experimentation)			
	board (e.g. IACUC, IBC) before experimentation at a BSL-1 or required institutional forms are attached.				
		pes not require approval for this type of study. The student			
		Capproval			
SR	RC Chair's Printed Name	 Signature			

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.

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.	Student's Name(s)					
 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 Where will the above tissue(s) be obtained. If using an established cell line include source and catalog number. 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 	Title of Project					
 □ 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 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 lACUC certification with the name of the research institution, the title of the study, the IACUC approval number and 	To be completed by Student Researcher(s):					
 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 	☐ Fresh or frozen tissue sample ☐ Fresh organ or other body part ☐ Blood ☐ Body fluids ☐ Primary cell/tissue cultures	c all that apply.				
IACUC certification with the name of the research institution, the title of the study, the IACUC approval number an	2. Where will the above tissue(s) be obtained. If using an established cell line include source and catalog number.					
	IACUC certification with the name of the research institution					
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.)		(Must be prior to experimentation.)				
Title Phone/Email	Title	Phone/Email				
Institution	Institution					