Checklist for Adult Sponsor

Completed by the Adult Sponsor in collaboration with the Student researcher:

Student’s Name:

Project Title:

☐ 1. I have reviewed the 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 Microorganisms DNA Tissues Vertebrate Animals

☐ 5. Forms 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)

Continuation 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):

a. Humans (requires prior approval by an Institutional Review Board (IRB), see pp. 13-16 for full text of the
   i. Human subject Form (4)
   ii. Qualified Scientist Form (2) (When applicable and/or required by the IRB)

b. Vertebrate Animals (Requires prior approval, see pp. 17-20 for full text of the rules)
   i. Vertebrate Animal Form (5A)- for projects conducted in a non-regulated research site (SRC prior approval required.)
   ii. Vertebrate Animal Form (5B)- for projects conducted at a Regulated Research Institution. (Institutional Animal Care and use Committee (IACUC) approval required for experiment.)
iii. Qualified Scientist Form (2) (Required for all vertebrate animal projects at a regulated research site or when applicable)

c. **Potentially Hazardous Biological Agents** (requires prior approval by SRC, IACUC or Institutional Biosafety Committee (IBC), see pp. 21-24 for full text of the rules.)
   i. Potentially Hazardous Biological Agents Risk Assessment Form (6A)
   ii. 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.
   iii. Qualified Scientist Form (2) (When applicable)
   iv. Risk Assessment Form (3) Required for projects involving protists, archaea and similar microorganisms and for projects using manure for composting, fuel production or other non-culturing experiments (6A, 6B and 2 are not required)

d. **Hazardous Chemicals, Activities and Devices** (No prior approval required, see pp. 25-27 for full text of the rules.)
   i. Risk Assessment Form (3)
   ii. Qualified Scientist Form (2) (required for projects involving DEA-controlled substances or when applicable)
Student Checklist (1A)

This form is required for ALL projects

1. Student/Team Leader: Grade:

   Email: Phone:

   Team Member: Team Member:

2. Title of project:

3. School: School Phone:

   School Address:

4. Adult sponsor: Phone/Email:

5. Is this a continuation from a previous year?

   If Yes:

   a. Attach the previous year’s Abstract Form 1A and Research Plan
   b. Explain how this project is new and different from previous years on Continuation Form (7)
6. **This year’s** laboratory experiment/data collection will begin: (must be stated (mm/dd/yy)

   Projected Start Date:                Projected End Date:

   (Projected dates are required for projects that require SRC/IRB prior review)

   Actual Start Date:                Actual End Date:

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 as described on page 31 and attach to this form.**

10. **An abstract is required for all projects after experimentation (see page 28)**
Research Plan Instructions

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

Provide a typed research plan and attach to Student Checklist (1A).

The research plan for ALL projects
Approval Form (1B)

A complete 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 following Ethics statement:
        Scientific 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 or the ISEF.

   ___________________________   ___________________________   __________________________
   Student’s Printed Name   Signature   Date Acknowledged
   (Must be prior to experimentation.)

   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.

   ___________________________   ___________________________   __________________________
   Parent/Guardian Printed Name   Signature   Date of Approval
   (Must be prior to experimentation.)
2) To be completed by the Fair SRC
(Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

A.

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 Research Plan before the student begins proper experimentation

OR

B.) Required for research conducted all Regulated Research Institutions with no prior fair SRC/IRB approval.

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

A.)

___________________________________  __________________
SRC/IRB Chair’s Printed Name 

Signature  Date Approval

(Must be prior to experimentation.)
3.) Final ISEF Affiliated Fair SRC Approval

(Required for ALL Projects)

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

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

__________________________________________________________
Regional SRC Chair’s Printed Name

__________________________________________________________
Signature

__________________________________________________________
Date of Approval

__________________________________________________________
State/National SRC Chair’s Printed Name

__________________________________________________________
Signature

__________________________________________________________
Date of Approval

(when applicable)
Bacteria Form 4 (4-8)

Grades 4-8

Required for all projects involving bacteria (regardless of source) except for baker’s or brewer’s yeast.

NOTE: Kansas State Science and Engineering Fair Review Committee (KSSEFRC) approval required before experiment begins.

Student's Name

_____________________________________________________________________________

Title of Project

_____________________________________________________________________________

To be completed by Student Researcher and/or Adult Sponsor (answer on attached page if needed):

1. Briefly describe the overall design or plan of this study.
2. Describe specifically how the bacteria will be used or how they will be collected from the environment. If bacteria are to be purchased, identify the source and the specific type of bacteria.
3. Identify who will supervise the student and the specific location(s) at which the bacteria will be used. Bacteria may not be cultured (grown) in a home environment, only in an appropriate space at school or in a lab.
4. Identify procedures to minimize risk, including the method of disposal when the study is done. Acceptable methods of disposal include sterilization (autoclaving) and appropriate disinfection with bleach.

All Signatures Required Prior to Start of Research Project

_____________________________________________________________________________
Student Researcher's Printed Name  Signature  Date Signed

_____________________________________________________________________________
Science Teacher's Printed Name  Signature  Date Signed

_____________________________________________________________________________
Parent or Guardian’s Printed Name  Signature  Date Signed

STOP – Once the form is completed this far, send via FAX to the SRC. After approval, the completed form will be returned (be sure to include return contact info below) for inclusion in the project.

Approved by Kansas State Science and Engineering Fair Review Committee:

_____________________________________________________________________________
SRC Chair’s Printed Name  Signature  Date of Approval

2011-2012 Send notification of approval to:

_____________________________________________________________________________
Hazardous Materials Form 3 (4-8)
Grades 4-8

Required for all research involving hazardous chemicals or devices (not routinely used in class), radiation, controlled or prescription substances, alcohol or tobacco. Firearms and explosives are not allowed for students in Grades 4 through 8.

Note: Kansas State Science and Engineering Fair Review Committee (KSSEFRC) approval required before experiment begins

Student’s Name_____________________________________

Title of Project_______________________________________________________________________

To be completed by Student Researcher and/or Adult Sponsor (answer on attached page if needed):

1. Describe the purpose of this study.

2. List all hazardous materials and how they will be used in this experiment.

3. Describe and assess any potential risks (toxicity, flammability, reactivity, corrosiveness, etc.) that may occur when working with these hazardous materials-information should be available in MSDS or related materials.

4. Describe procedures to minimize risk and identify the specific location at which these materials will be used. Identify who will directly supervise the student’s work and all methods of disposal (if applicable).

All Signatures Required Prior to Start of Research Project

Student Research Printed Name               Signature               Date Signed
<table>
<thead>
<tr>
<th>Science Teacher’s Printed Name</th>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or Guardian’s Printed Name</td>
<td>Signature</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>

**STOP** – After approval, the completed form will be returned (be sure to include return contact info below) for inclusion in the project.

**Approved by Kansas State Science and Engineering Fair Scientific Review Committee:**

<table>
<thead>
<tr>
<th>SRC Chair’s Printed Name</th>
<th>Signature</th>
<th>Date of Approval</th>
</tr>
</thead>
</table>
Human Subjects Form 2 (4-8)

Grades 4-8

Required for all research involving humans (including student researcher).

NOTE: All signatures on this form (including participants) must be obtained before experiment begins.

**All completed consent forms must be included with the Fair application form that is sent to the Kansas State Science and Engineering Fair.**

Student’s Name

_____________________________________________________________________________

Title of Project

_____________________________________________________________________________

Three questions to be completed by Student Researcher (on an attached page) and shared with the Institutional Review Board (IRB) before their review of the project (see next box):

1. Describe the purpose of this study and list all procedures (including duration) in which human subjects will be involved. Attach any surveys or questionnaires to be used.

2. Describe and assess any potential risks, discomfort, and potential benefits (physical, psychological, social, legal, or other) that may be reasonably expected with participation in this research.

3. Describe procedures used to minimize risk, obtain informed consent, and maintain confidentiality.

All IRB Signatures Required Prior to Start of Research Project; signatures signify approval of project.

<table>
<thead>
<tr>
<th>Medical Professional's Printed Name</th>
<th>Signature</th>
<th>Date of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Professional must be a psychologist, psychiatrist, medical or osteopathic doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse – circle the appropriate description – and cannot be parent or guardian of the student.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educator's Printed Name</th>
<th>Signature</th>
<th>Date of Approval</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Administrator's Printed Name</th>
<th>Signature</th>
<th>Date of Approval</th>
</tr>
</thead>
</table>

STOP – Once the original form is completed this far, copy the completed form (with the three questions and answers copied on the back or attached) as the consent form for potential participants (see below).

To be completed by each human subject (including the student researcher) prior to experimentation (using copies of original signed (approved) form):

___ I am 18 years of age or older. (If not, the signature of a parent/guardian is also required.)

___ I have read and understand the conditions of this study, and I consent to participate in this research procedure. I realize I am free to withdraw my consent and to withdraw from this activity at any time.

___ I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

<table>
<thead>
<tr>
<th>Participant's Printed Name</th>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

If participant is under 18 years old, a parent/guardian signature is required.

___ I have reviewed the conditions of this study (including any tests, surveys or questionnaires to be used) and allow participation in this project.

<table>
<thead>
<tr>
<th>Parent/Guardian's Printed Name</th>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
</table>
Human or Animal Tissue Form
Grades 4-8

Required for all projects using human or animal tissues, including living cells or tissue (body) fluids.

NOTE: Kansas State Science and Engineering Fair Review Committee (KSSEFRC) approval required before experiment begins

Student's Name
_____________________________________________________________________________

Title of Project
_____________________________________________________________________________

To be completed by Student Researcher (use a separate page if necessary):

1. What tissue(s), organ(s), or part(s) will be used?
_____________________________________________________________________________

2. Where will the above tissue, organ, or part be obtained? Identify each separately and provide contact information for research institutions, hospitals, dentists, veterinary clinics or other non-commercial business.
_____________________________________________________________________________

3. Briefly describe how the tissue(s) will be used in the experiment.
_____________________________________________________________________________

4. Identify the method of tissue disposal upon completion of the experiment
_____________________________________________________________________________

To be completed by Science Teacher or Mentor that supervises the student (mark all appropriate boxes):

☐ I verify that the student will work solely with tissues supplied by myself or other qualified personnel; students will not collect any tissues themselves.

☐ I certify that if vertebrate animals were euthanized (killed), it was not solely for this experiment; specific information detailing the reason for euthanasia is included in the second answer above.

☐ I certify that any blood, blood products, fresh tissues, or body fluids used in this project will be handled in accordance with the standards and guidance set forth in Occupational Safety and Health Act, 29CFR 1910.1030 – Blood Borne Pathogens (available on-line at http://www.osha.gov/SLRC/bloodbornepathogens/standards.html).
STOP – After approval, the completed form will be returned (be sure to include return contact information below) for inclusion in the project.

Approved by Kansas State Science and Engineering Fair Review Committee:

KSSEFRC Chair’s Printed Name  Signature  Date of Approval

2011-2012 Send notification of approval to: