

PROJECT PROPOSAL FORM

This document must be completed by any student, grade 6 through 12, whose project involves (even if only observing or surveying) human subjects, invertebrate or non-human vertebrate animals, recombinant DNA, tissues, pathogenic agents, or controlled substances.

This form must be completed and filed ***no later than* December 1**.
You will be contacted by the SRC if any issues need to be resolved.

When completed, scan and email this form to: dmarkus@smcoe.org

Student's Name: _____ Grade: _____

Name of School: _____

Address of School: _____

Home phone #: _____ School phone #: _____

Where did you conduct your experimentation?

at school: _____ at home: _____ in the field: _____

at a research institution; e.g. university lab, medical center, industrial setting : _____
(If you plan to perform your work at a research institution, you must complete Section 6.)

6th, 7th, and 8th GRADERS

Check here _____ if you are working with humans and complete sections 1, 7, and 8.

Check here _____ if you are working with non-human animals, bacteria, or tissues and complete sections 1, 7, and 8. Read Section 2 before completing Section 1.

9th, 10th, 11th, and 12th GRADERS

Check here _____ if your project involves humans and complete sections 1, 7, and 8.

Check here _____ if your project involves non-human vertebrates and complete sections 1, 4, 7, and 8. Read Section 2 before completing Section 1.

Check here _____ if your project involves bacteria or invertebrates and complete sections 1, 7, and 8. Read Section 2 before completing Section 1.

Check here _____ if your project involves recombinant DNA, pathogenic agents, or controlled substances and complete sections 1, 4, 7, and 8. Read Section 3 before completing Section 1.

Check here _____ if your project involves human or animal tissue and complete sections 1, 4, 5, 7, and 8. Read Section 5 before completing Section 1.

SECTION 3: To be completed by all students whose projects involve recombinant DNA, pathogenic agents, or controlled substances. In your description for Section 1 question b, please include responses to the following:

a. What is the recombinant DNA, pathogen(s), or controlled substance(s) to be used?

b. What is the source of your experimental material?

SECTION 4: To be completed for all students whose projects involve non-human vertebrate animals, recombinant DNA, tissues, pathogenic agents, or controlled substances by a qualified scientist (someone who possesses an earned doctoral degree in science or medicine or someone with a master's degree with equivalent experience and/or expertise).

" I certify that I have reviewed and approved the research proposal prior to the start of the study, that if the student or supervising teacher is not trained in the necessary procedures I will ensure his/her training, and that I will provide advice and supervision during the research. I hereby accept responsibility for the condition and humane disposition of all living animals used in the project, both during and after its completion. I am a qualified scientist with a working knowledge of the techniques to be used by the student in this research plan."

Name of qualified scientist: _____

Address: _____

Title or degree: _____ Phone number: _____

Signature: _____ Date: _____

SECTION 5: To be completed by all students whose projects involve human or animal tissues. In your description for Section 1 question b, please include responses to the following:

- a. What is the tissue and/or organ to be used?
- b. What is the source of your material?

To be completed by the provider of your tissue when obtained from a non-commercial source:

"Human blood and blood products will be tested and documented free of AIDS and hepatitis B and C antibodies and antigens. Human teeth will be certified free of blood and blood products."

"I certify that the above listed materials will be provided by me and that the student will not be involved in the direct acquisition of the samples provided or purchased."

Provider's Name: _____ Title: _____

Institution: _____

Address: _____ Phone #: _____

Provider's signature: _____ Date: _____

SECTION 6: To be completed by all students whose experimentation is carried out in a research facility. In your description for Section 1 question b, please include responses to the following:

a. Where do you plan to do your experimentation?

b. How did you get the idea for your project?

c. Will you work on the project as part of a team or a group?

d. How independently will you work on the project?

"I certify that I have reviewed and approved the research proposal prior to the start of the study, that if the student is not trained in the necessary procedures I will ensure his/her training, and that I will provide advice and supervision during the research."

Name of supervising scientist: _____

Signature: _____ Date: _____

SECTION 7: To be completed by the **sponsoring teacher** of the student filing this form.

"I have read all the rules and regulations of the SFBASF regarding projects involving humans, animals, recombinant DNA, tissues, pathogenic agents, and controlled substances and I have discussed these with the student I am sponsoring. The student has read and understands the SFBASF SRC Guidelines, Requirements, and Rules for student science projects and I will be responsible for this student's compliance with the guidelines. I have collected and kept the signed informed consent/waiver forms for this student's project (if it involves a survey of humans)."

Name of sponsoring teacher: _____

Signature: _____ Date: _____

SECTION 8: To be completed by all students filing this proposal form.

____ YES ____ NO Did you read the Guidelines regarding the use of humans, animals, recombinant DNA, tissue, pathogenic agents, or controlled substances in a science fair project?

____ YES ____ NO Did your sponsoring teacher go over the Guidelines regarding your science fair project with you?

____ YES ____ NO If your project involved a survey of human subjects, did you give your signed informed consent/waiver forms to your sponsoring teacher?

Student's Signature: _____ Date: _____

PARENT/GUARDIAN APPROVAL

"I have read and understand the risks and possible dangers in the sponsoring teacher-approved research plan. I consent to my child participating in this research project."

Parent/Guardian signature: _____