Middle School Science Fair
Project Approval Form

This form is intended to be used by Thermo Fisher JIC affiliate fairs as an optional abbreviated form to document the minimum, required approvals and information needed for research projects that require review prior to experimentation, per the International Rules and Guidelines (https://www.societyforscience.org/isef/international-rules/).

This form must be completed by the student researcher(s) PRIOR TO EXPERIMENTATION in collaboration with the adult sponsor/direct supervisor/qualified scientist. Read through each of the following sections carefully and determine if any apply to your project, checking the box if so.

Before beginning experimentation, you will need to obtain any additional approval signatures as listed per section. If no restrictions apply, complete pages 1 and 2 only.

A COPY OF YOUR RESEARCH PLAN MUST BE SUBMITTED WITH THIS FORM.

Student and Project Information (required for ALL projects)

_____
First Name/Last Name

_____ _____
Grade School

_____
Project Title

Team Project
☐ No ☐ Yes

_____ _____
Name(s) of Teammates if Yes Teammates' Grade(s)

_____ _____
Name(s) of Teammates if Yes Teammates' Grade(s)

Student and Parent/Guardian Signatures (required for ALL projects)

- ☐ I have read and agree to abide by the ISEF Rules and Guidelines, including the science fair ethics statement.
- ☐ My science project complies with all the experimental rules of the Science Fair in which I am competing.
- ☐ I will treat all fellow participants, judges, volunteers, and other science fair staff with respect, and respect other projects and property.
- ☐ I understand that violation of the above could result in removal from the competition.
- ☐ I understand the risks and possible dangers to me of the proposed research plan.

Parents/Guardians: I have read the agreements above and understand the risks and possible dangers involved in the project plan. I consent to my child participating in this project and Science Fair.

Student Signature _____ Parent/Guardian Signature _____ Date _____

☐ I certify that I have submitted a copy of my Research Plan with this form (required for ALL projects).

In your research plan, please be sure to include relevant information about what safety precautions you will take and who will supervise you (for example, what personal protective equipment did you wear, how did you obtain and dispose of any chemicals/PHBAs., did you work in a BSL1 or BSL2 lab, etc.).

Project Information Continued (required for ALL projects)

Check if your project involves one or more of the following. If it does, it requires prior approval and/or additional signatures:

- ☐ Human Participants (see page 3)
- ☐ Potentially Hazardous Biological Agents (including microorganisms, rDNA, tissues) (see page 4)
- ☐ Vertebrate Animals (see page 3)
- ☐ Hazardous Chemicals and/or Devices (see page 4)
- ☐ None of the above — do not need to complete pages 3 and/or 4

Research Location (required for ALL projects)

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

☐ Regulated Research Institution (RRI) ☐ School ☐ Field ☐ Home ☐ Other: _____

List the name and address of all non-home and non-school work site(s), whether you worked there virtually or on-site. If you list a place of business, university, or field site, please attach any permits, approvals, or licenses you obtained in order to conduct your experiment there, and describe how you were granted access to the site(s) in the space below.

Location 1: _____

Location 2: _____

Project Timeline (required for ALL projects)

Experimentation Start Date _____ Experimentation End Date _____

Is this project a continuation from last year? Yes ☐ No ☐

(A continuation project is any project that builds on a previous year's research by changing variables or is a new line of investigation in the same field.)

If yes, explain how this year's project is different in the space below, or attach supplemental documentation to this form.

_____

_____

_____

_____

Adult Sponsor Signature (required for ALL projects) — may be a teacher, parent/guardian, professor, and/or other scientist

- I attest to the information presented in this form. I have read and agree to abide by the ISEF Rules & Guidelines and ethics statement. I have reviewed the research plan to ensure adherence to local, state, and Federal laws applicable to experimentation.

Adult Sponsor Printed Name/Organization or School _____

_____

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

BEFORE Experimentation Begins — Project Safety and Pre-Approval Signatures

☐ Check if your project includes Human Participants (including: surveys and testing of inventions, apps, and prototypes on anyone other than the researcher(s), including guardians, siblings, and family members).

If you are working with human participants, you need PRE-approval by an Institutional Review Board (IRB), including an Educator, School Administrator, AND a Psychologist, Medical Doctor, or other medical professional with expertise related to this project. The adult sponsor, Direct supervisor, or anyone related to the student may NOT be on the IRB. The student must receive written informed consent from each of the participants over age 18 and written parental consent for students under 18 years old. A copy of a blank informed consent must be attached as well as a copy of any survey and/or test used. If you are working at an RRI, please attach that institution's IRB approval to this form, and leave the section below blank.

REQUIRED SIGNATURES: I attest that I have reviewed the student's project prior to experimentation and determined there is minimal risk.

• Medical or Mental Health Professional with expertise related to this project:

Printed Name/Organization _____ Degree/License _____

Signature _____ Date _____

• Educator (must NOT be the student's science teacher):

Printed Name/Organization _____ Degree/License _____

Signature _____ Date _____

• School Administrator:

Printed Name _____ Degree/License _____

Signature _____ Date _____

☐ Check if your project includes Non-Human Vertebrate Animals (Including pets and livestock).

Vertebrate animal experiments require pre-approval by a Scientific Review Committee (SRC) member and a Veterinarian. Behavioral observational studies of animals where there is no interaction with the animals being observed and where there is no manipulation of the animal environment in any way are exempt from pre-approval. Proper housing and husbandry must be provided and approved by a veterinarian. Experimental procedures that cause unnecessary pain or discomfort are prohibited. Experiments designed to kill vertebrate animals are not permitted. Death of any animals due to experimentation will result in the project failing to qualify. If you are working at an RRI, please attach that institution's IACUC approval to this form, and leave the section below blank.

REQUIRED SIGNATURES:

• SRC Chair: The SRC has reviewed and approved the project.

Printed Name _____ Signature _____ Date _____

• Veterinarian: I have reviewed the research and animal husbandry with the student prior to experimentation and attest to the safety of the experiment.

Printed Name _____ Signature _____ Date _____

• Direct Supervisor or Qualified Scientist: I will be present to directly supervise the experiment.

Printed Name _____ Signature _____ Date _____

☐ Check if your project includes Potentially Hazardous Biological Agents (bacteria, mold, fungi, viruses, parasites, recombinant DNA (rDNA), human or animal fresh tissues, blood or body fluids, etc.).

Culturing of microorganisms of any kind at home is strictly prohibited, including the use of commercially available kits. This includes the collecting and culturing of microorganisms from the environment, e.g., soil, household surfaces, and skin. All experiments must be pre-approved by the SRC (or IACUC/IBC at an RRI) and supervised by a qualified scientist (QS) or a Direct supervisor (DS). Standard microbiological practices must be used and all hazardous agents must be properly disposed of at the end of experimentation.

REQUIRED SIGNATURES:

- SRC Chair: The SRC has reviewed and approved the project.

Printed Name _____ Signature _____ Date _____

- QS/DS: I have reviewed this project prior to experimentation, approve the procedures, and agree to be present during experimentation and to properly dispose of materials after use.

Printed Name _____ Signature _____ Date _____

☐ Check if your project includes Hazardous Chemicals, Substances, Activities, or Devices (chemicals, firearms, power tools, welders, lasers, radioactive substances, radiation).

Students must adhere to federal and state regulations governing hazardous substances or devices. An adult must directly supervise experiments. Students working with hazardous substances or devices must follow proper safety procedures for each chemical or device used in the research. All studies using DEA-controlled substances must be supervised by a Qualified Scientist who is licensed by the DEA for use of the controlled substance at an RRI. Students must adhere to all federal, state and local laws when acquiring and handling controlled substances.

REQUIRED SIGNATURES:

- Educator: I have reviewed the project and safety procedures with the student prior to experimentation including PPE to be used and disposal of any chemicals used.

Printed Name _____ Signature _____ Date _____

- Direct Supervisor: I have reviewed the safety procedures for all equipment and chemicals used with the student prior to experimentation.
  I agree to be present during experimentation and to ensure all chemicals and hazardous materials are disposed of properly.

Printed Name _____ Signature _____ Date _____

- Qualified Scientist (if applicable): I am licensed by the DEA for the controlled substance that will be used.
  I will directly supervise the student research at my RRI.

Printed Name _____ Signature _____ Date _____

☐ Direct Supervisor and/or Qualified Scientist. To be completed by a DS and/or QS, if signatures present above.

I certify that:

☐ I have reviewed the ISEF rules relevant to the project and I approve the student's research plan and or engineering design prior to experimentation.

☐ I will provide direct supervision throughout the timeline of the project (or will coordinate with a Direct Supervisor to do so if I am the Qualified Scientist).

Direct Supervisor Name _____

Organization and/or Relationship to Finalist _____ Signature _____

Qualified Scientist Name _____

Organization/Title _____ Signature _____

Educational Background _____ Degree(s) _____