

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.

Student's Name(s) _____

Title of Project _____

Form 2 may be required for projects involving human participants, vertebrate animals, potentially hazardous biological agents, and DEA-controlled substances. The project's IRB determines if a Qualified Scientist is required.

To be completed by the Qualified Scientist:

Scientist Name: _____

Educational Background: _____

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

All Form 2 fields must be completed.

Position: _____ Institution: _____

Address: _____ Email/Phone: _____

- 1) Have you reviewed the Intel ISEF rules 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) DEA-controlled substances Yes No
- 3) Was this study a sub-set of a larger study? Yes No
- 4) Will you directly supervise the student? Yes No
- a) If no, who will directly supervise the student? _____
- b) Experience/Training as relates to the student's area of research: _____

Obtain hand-written signature from Qualified Scientist or Designated Supervisor.

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research 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 conducting experimentation under my direct supervision.

Qualified Scientist's Printed Name

Signature

Date of Approval

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Date of Approval

Phone

Email