

Human Subjects Form (4)

Required for all research involving human subjects. (IRB approval required before experimentation.)

Student's Name _____ Title of Project _____

Teacher/Adult Sponsor: _____ Contact phone/email: _____

To be completed by Student Researcher in collaboration with the Teacher/Designated Supervisor/Qualified Scientist:

1. I have submitted my Research Plan which addresses ALL areas indicated in the Human Subjects Section of the Research Plan Instructions.
2. I have attached any surveys or questionnaires I will be using in my project.
3. I have attached an Informed Consent Form.
4. Yes No Are you working with a Qualified Scientist?
 Name: _____ Degree: _____
 Email Address/Phone Number: _____
 Experience/Training as it relates to this project: _____

To be completed by Institutional Review Board (IRB) after review of research plan. The submitted Research Plan must address all of the areas indicated on the Human Subjects section of the Research Plan Instructions.

Check one of the following:

- Research project requires revisions and is **NOT approved** at this time. IRB will attach document indicating concerns and/or requested revisions.
- Research project is **Approved** with the following conditions below: (All 5 must be answered)
 1. Risk Level (Check one): Minimal Risk More than Minimal Risk
 2. Qualified Scientist (QS) Required: Yes No
 3. Written Minor Assent required for minor subjects:
 Yes Not applicable (No minors in this study)
 4. Written Parental Permission required for minor subjects:
 Yes Not applicable (No minors in this study)
 5. Written Informed Consent required for subjects 18 years or older:
 Yes Not applicable (No subjects 18 yrs or older in this study)

IRB SIGNATURES (All 3 signatures required) None of these individuals may be the teacher/adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father) the student (conflict of interest).

I attest that I have reviewed the student's project and agree with the above IRB determinations.

Medical or Mental Health Professional: (a psychologist, psychiatrist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's asst., or registered nurse)	
Printed Name	Degree
Signature	Date of Approval
School Administrator	
Printed Name	Degree
Signature	Date of Approval
Educator	
Printed Name	Degree
Signature	Date of Approval

MSSEF Informed Consent Form

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Student's Name _____

Title of Project _____

To be completed by Student Researcher in collaboration with the Teacher/Designated Supervisor/Qualified Scientist:

I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate box below.

Purpose of the project:

If you participate, you will be asked to:

Time required for participation:

Risks:

Benefits:

How confidentiality will be maintained:

If you have any questions about this study, feel free to contact:

Adult Sponsor: _____ Phone/email: _____

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/ assent to participate or permission for my child to participate.

Adult Informed Consent or Minor Assent

Date Reviewed & Signed: _____

Printed Name of Research Subject: _____

Signature: _____

Parental/Guardian Permission (if applicable)

Date Reviewed & Signed: _____

Parent/Guardian Printed Name: _____

Signature: _____