Vertebrate Animal Form (5A)
**Required for all research involving vertebrate animals that is conducted in a school/home/field research site.
(SRC approval required before experimentation.)**

Student's Name(s) _____

Title of Project _____

_____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals used.

2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc. Add an additional page as necessary.

3. What will happen to the animals after experimentation?

4. Attach a copy of wildlife licenses or approval forms, as applicable

5. The Intel ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and documented by a letter from the qualified scientist, designated supervisor or a veterinarian. If applicable, attach this letter with this form when submitting your paperwork to the SRC prior to competition.

To be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation.

Level of Supervision Required for agricultural, behavioral or nutritional studies:

☐ Designated Supervisor REQUIRED. Please have applicable person sign below.

☐ Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.

☐ Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site.
Local or Affiliate Fair SRC Pre-Approval Signature:

_____   _____   _____

SRC Chair Printed Name   Signature   Date of Approval (must be prior to
                                                                                           experimentation) (mm/dd/yy)

To be completed by Veterinarian:	**To be completed by Designated Supervisor or Qualified Scientist when applicable:**
☐ I have reviewed this research and animal husbandry with the student before the start of experimentation.	☐ I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.
☐ I have approved the use and dosages of prescription drugs and/or nutritional supplements.	☐ I will directly supervise the experiment.
☐ I will provide veterinary medical and nursing care in case of illness or emergency. (Fees may apply.)	

_____   _____   _____   _____

Printed Name   Email/Phone   Printed Name   Email/Phone

_____   _____   _____   _____

Signature   Date of Approval (mm/dd/yy)   Signature   Date of Approval (mm/dd/yy)

Vertebrate Animal Form (5B)

Required for all research involving vertebrate animals that is conducted in at a Regulated Research Institution. (IACUC approval required before experimentation. Form must be completed and signed after experimentation.)

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project _____

_____

To be completed by Qualified Scientist or Principal Investigator:

1. Species of animals used: _____ Number of animals used: _____

2. Describe, in detail, the role of the student in this project: animal procedures and related equipment that were involved, oversight provided and safety precautions employed. (Attach extra pages if necessary.)

3. Was there any weight loss or death of any animal? If yes, attach a letter obtained from the qualified scientist, designated supervisor or a veterinarian documenting the situation and the results of the investigation.

4. Did the student's project also involve the use of tissues?
    - ☐ No
    - ☐ Yes; complete Forms 6A and 6B

5. What laboratory training, including dates, was provided to the student?

6. Attach a copy of the Regulated Research Institution IACUC Approval. A letter from the Qualified Scientist or Principal Investigator is not sufficient**.**

Qualified Scientist/Principal Investigator
Printed Name
Signature   Date (mm/dd/yy)