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 St | tudont Posoarchor | | | |
| | enus, species) and number of an | nimals 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 t | he animals after experimentation | on? | | |
| 4. Attach a copy of wildl | ife licenses or approval forms, a | 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 experi | imentation. | |
| Level of Supervision Re | quired for agricultural, behavio | oral or nutritional studies: | | |
| Designated Supervisor REQUIRED. Please have applicable person sign below. | | | | |
| ☐ Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below. | | | | |
| ☐ Veterinarian, Designat Scientist complete Fo | | REQUIRED. Please have applicable p | ersons sign below and have the Qualified | |
| The SRC has carefully reviewed Local or Affiliate Fair SRC I | d this study and finds it is an appropria Pre-Approval Signature: | ate study that may be conducted in a | non-regulated research site. | |
| SRC Chair Printed Name | Signature | | Approval (must be prior to entation) (mm/dd/yy) | |
| To be completed by Ve | eterinarian: | 1 1 | Designated Supervisor or | |
| ☐ I have reviewed this research and animal husbandry with the student before the start of experimentation. ☐ Under the start of experimentation. ☐ Under the student before the start of experimentation. ☐ Under the student before the start of experimentation. | | Qualified Scientist wl | Qualified Scientist when applicable: | |
| | | | | |
| | I have approved the use and dosages of prescription drugs and/or nutritional supplements. the student before the start of experimentation and accept primary responsibility for the care and handli the animals in this project. | | onsibility for the care and handling of | |
| ☐ I will provide veterina illness or emergency. | ary medical and nursing care in case of | f I will directly superv | ☐ I will directly supervise the experiment. | |
| Printed Name | Email/Phone | Printed Name | Email/Phone | |
| Signature | Date of Approval | Signature | Date of Approval | |

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.)

| St | tudent's Name(s) |
|----|--|
| Ti | tle of Project |
| Ti | tle and Protocol Number of IACUC Approved Project |
| | 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? |
| | 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 |