WV Science and Engineering Fair Vertebrate and Human Research Form Divisions: Elementary and Middle Instructions: Complete 1 per project before experimentation and submit to WVDE.

| Dualinat Information | | | | |
|---|---|--|--|--|
| Project Information | | | | |
| Project Title | | | | |
| Category | | | | |
| County | | | | |
| School | | | | |
| Student Information | | | | |
| Student 1 Name | Grade | | | |
| Student 2 Name | Grade | | | |
| Student 3 Name | Grade | | | |
| Project Information | | | | |
| Common name and number of animals used. | | | | |
| Briefly describe the research project. | | | | |
| Signatures | | | | |
| Vertebrate Animal Research | Human Research | | | |
| Animals will be treated kindly and cared for properly. Animals will be housed in a clean, ventilated, comfortable environment appropriate for the species. A veterinarian has reviewed the research plan to ensure the safety of the student and | I have attached a copy of any surveys or questionnaires I will use in my project or other documents provided to human participants. I have attached a copy of the consent forms that inform participants of the research and ask for voluntary participation in the research. I have kept the original consent forms and will be able to provide the originals upon request at the fair. | | | |

animal.

| Student 1 Signature | | Date | | | | |
|---|----------------|-------|-------|--|--|--|
| Student 2 Signature | | Date | | | | |
| Student 3 Signature | | | Date | | | |
| Teacher / Adult Sponsor Information | | | | | | |
| Teacher / Adult Sponsor Name | | | | | | |
| Email | | Phone | | | | |
| Teacher / Adult Sponsor Signature | | | Date | | | |
| School Administrator Information | | | | | | |
| School Principal Name | | | | | | |
| School Principal Signature | | | Date | | | |
| Medical Professional Information | | | | | | |
| To be completed BEFORE experimentation (humans, vertebrates). For vertebrate animal research, this form must be signed by a veterinarian. For human subject research, this form must be signed by a medical doctor. | | | | | | |
| As a medical professional, I attest that I have carefully studied the research plan. My signature indicates approval of the research plan before the student begins experimentation. | | | | | | |
| Medical Professional Signature | | | | | | |
| Medical Professional Name | | | | | | |
| Veterinarian | Medical Doctor | | | | | |
| Email | | | Phone | | | |