

Vertebrate

Required for all research involving vertebrate animals (SRC approval required)

Vertebrate animals include amphibians, reptiles, mammals, birds, and some fish.

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals
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.
3. What will happen to the animals after experimentation?
4. Attach a copy of wildlife licenses or approval for collection of animals.
5. The Intel ISEF Vertebrate Animal Rules require that all research involving vertebrate animals be documented by a letter from the qualified scientist. Attach a copy of this letter with this form when submitting your paperwork to the SRC prior to competition.

Student name, project title, and items #1-3 are required. Complete items #4, 5 if necessary.

Form 5A must be completed and reviewed by a Scientific Review Committee prior to experimentation. If a student's school does not have a SRC, Coriell can act as the SRC and approve the project.

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
- Veterinarian
- Veterinarian or Qualified Scientist

The SRC has capacity to review research at _____ research site.
Local or Affiliate

At minimum, the SRC Chair must review, approve and hand-sign Form 5A. The SRC determines if a Veterinarian or Qualified Scientist must also review and approve the project.

SRC Chair Printed Name _____

Signature _____

Date of Approval (must be prior to experimentation) (mm/dd/yy) _____

To be completed by Veterinarian:

- I certify that I have reviewed this research and animal husbandry with the student before the start of experimentation.
- I certify that I have approved the use and dosages of prescription drugs and/or nutritional supplements.
- I certify that I will provide veterinary medical and nursing care in case of illness or emergency.

Printed Name _____

Email/Phone _____

Signature _____

Date of Approval _____

To be completed by Designated Supervisor or Qualified Scientist when applicable:

- I certify that 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 certify that I will directly supervise the experiment.

Printed Name _____

Email/Phone _____

Signature _____

Date of Approval _____