

Qualified Scientist Form (Form 4)

This form is required for all Senior High projects involving Vertebrate Animals, Controlled Substances, and Pathogens. It may be required for projects involving Humans, Recombinant DNA and Human or Animal Tissues. This form must be completed prior to experimentation.

Student's Name _____

Title of Project _____

To be completed by the Qualified Scientist:

Scientist's Name _____

Advanced Degree _____ Degree Specialty _____

Position _____ Institution _____

Address _____ Phone _____

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1) Will Nonhuman Vertebrate Animals be used ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a) If yes, were alternatives explored ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Could this project cause pain or distress to the vertebrate animal (s) ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Does this project duplicate previously published research ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you answered Yes to any of the above (a,b,c) please explain and justify _____

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 2) Will Human Subjects be used ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Will Controlled Substances be used ?.....
(includes DEA classed substances, prescription drugs, alcohol and tobacco) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a) If Yes, will they be used according to existing local, state and federal regulations ?.. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Please list the names of the controlled substances _____ | | | | |
| 4) Will Recombinant DNA be used ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Will Pathogenic Agents be used.....
(includes any microorganisms isolated from the environment) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a) If Yes, will they be used according to accepted procedures ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) If Yes, please include names of pathogens _____ | | | | |
| 6) Will Human Blood, Blood Products, or Bodily Fluids be used ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7) Will Hazardous Substances or Devices be used.....
(includes any microorganisms isolated from the environment) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a) If Yes, please list or describe _____ | | | | |

I certify that I have reviewed and approved the Research Plan (Form 1) prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan. If an addictive substance is used in this research, I certify that I possess a DEA license required for procuring and dispensing an addictive substance. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Qualified Scientist's Printed Name

Signature

Date of Approval