

# COVID VIRUS PRECAUTIONS MUST BE USED

## REQUEST FOR MICROORGANISM ENDORSEMENT

**BEFORE beginning any project using microorganisms as the subject of an experiment, students must obtain the approval of the Scientific Review Committee.** All microorganisms used, including those listed on page 77 require a Request for a Microorganism Endorsement. Details about rules regarding the use of microorganisms and Bio-safety level 1 are on pages 15-17 of the current STEM Exhibition Handbook.

**THESE RULES WILL BE STRICTLY ENFORCED FOR THE REGIONAL (NETWORK), CITY AND STATE SCIENCE EXPOSITIONS. NO REGIONAL (NETWORK) EXHIBITION SHALL SEND A PROJECT TO THE CITY OR STATE EXPOSITION THAT DOES NOT MEET THESE REGULATIONS.**

1. This area of science may involve many dangers and hazards while experimenting. It is the sole responsibility of all teacher/sponsors to teach students proper safety methods and sterile techniques before the student may begin any project involving microorganisms.
2. The use of primary or secondary cultures taken from humans or other vertebrate animals in any project is prohibited because of the danger from unknown viruses or other disease-causing agents that may be present. This includes but is not limited to, those taken directly from the skin, throat, mouth, etc. or indirectly - eating utensils, doorknobs, toilets, countertops, etc. Pure cultures of microorganisms known to inhabit vertebrate animals may be obtained from reputable suppliers and used in proper settings.
3. **Microbiology experiments must be conducted in an appropriate laboratory, whether at school or a research facility. Only research on Bakers yeast may be done in a student's home and these cultures must be incubated at or below room temperature.**
4. Projects involving viruses should be done with the help of a professional and should comply with the National Institutes of Health Guidelines unless the project is limited to a kit obtained from a legitimate supply house.
5. All cultures must be destroyed using proper disposal methods. Example using an autoclave or with a 10% NaOCl (Chlorine bleach) solution before disposal.

**EXCEPTION** - Projects conducted under the supervision of a professor or scientist at a university, hospital or research facility must submit endorsements prior to beginning - **must be received by November** \_\_\_\_\_.

**SPECIAL NOTE:** Students in grades 9-12 wishing to participate at the International Science and Engineering Fair should consult page 41 of this handbook for required forms. ISEF rules and forms are available at <https://student.societyforscience.org/international-rules-pre-college-science-research>.

Name of Student: \_\_\_\_\_ Student E-mail Address: \_\_\_\_\_

Student School ID number (8 digits): \_\_\_\_\_ Print Name of Teacher-Sponsor \_\_\_\_\_

Teacher-Sponsor E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ GSR# \_\_\_\_\_ Date submitted: \_\_\_\_\_

**If the proposed experiment or project is being conducted under the supervision of a professor or scientist at a university, hospital or research I facility the following information must be submitted with this endorsement request on separate institution letter head. Due by November** \_\_\_\_\_.

**1. Consultant's contact information:**

Name of consulting professional (veterinarian, doctor or biological researcher): \_\_\_\_\_

Title: \_\_\_\_\_

Profession \_\_\_\_\_ Position and name of Institution \_\_\_\_\_

Phone number (extension if applicable): ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**2. A signed original letter on institute stationery that specifically describes the student's procedure and how the student will be supervised by the consultant throughout the experiment. The letter must also include the following statement indicating the consulting adult certifies he/ she will provide necessary supervision.**

**PLEASE INCLUDE THE FOLLOWING STATEMENT IN THE LETTER**

"By signing this document I certify that I will directly train and supervise this student and take necessary precautions to prevent risk and exposure to potentially infectious materials involved in this project."

**Additionally, please have the consultant indicate in the letter which of the following options apply to this project.**

- a. This project was reviewed and approved by an Institutional Biosafety Committee (IBC) before experimentation or is part of an approved ongoing study. A copy of the approval is on file at the institution and will be made available if necessary.
- b. This institution does not require approval for this type of study. The student has received proper training in the safe use and proper methods of disposal of the potentially hazardous biological agents involved in this project.

**MICROORGANISM ENDORSEMENT MUST BE RECEIVED BY NOVEMBER** \_\_\_\_\_.

**(See above Exception) (This endorsement must be submitted on-line only.)**

**This endorsement request MUST be completed on-line at [www.cssf.org](http://www.cssf.org); and may be saved, printed, signed, scanned and sent to [cpsmicroorg@gmail.com](mailto:cpsmicroorg@gmail.com).**

## PAGE 2 of REQUEST FOR MICROORGANISM ENDORSEMENT

Students and sponsors using microorganisms in a science project must complete this form. **Students must submit a Request for Microorganism Endorsement to the Scientific Review Committee for all organisms even those listed on page 77.** The signature of the student(s) and the sponsor indicate the project was done within the rules on the previous page. Failure to comply with these rules will mean disqualification of the project at the state level. This form must also be included in the project research paper following the Safety Sheet.

**Read and answer each of the following questions carefully so the Scientific Review Committee can fairly assess whether your project will be safe. Do NOT copy and attach the procedure from your research plan as a substitute.**

Title of Project: \_\_\_\_\_

**Read and answer each of the following questions carefully so the Scientific Review Committee can fairly assess whether your project will be safe for your test subjects. Do NOT copy and attach the procedure from your research plan as a substitute.**

1. Hypothesis or problem to be investigated: \_\_\_\_\_

2. Scientific name (and subspecies) of microorganism used in experiment (i.e. *E. coli* RI): \_\_\_\_\_

**3. Where the experiment will be conducted:** \_\_\_\_\_

4. Name of adult supervising project: \_\_\_\_\_

5. Briefly describe the experimental procedure for the student's project: \_\_\_\_\_

6. Describe how microorganisms and materials will be properly disposed of and/or sterilized. See p.15-16 for details before filling out. \_\_\_\_\_

7. Describe the safety precautions that all participants will follow while conducting this experiment in order to minimize potential exposure or harm (i.e. gloves, safety goggles, and lab coat will be worn at all times, all equipment will be sterilized using an autoclave, etc.) See p. 15-16 for details before filling out.

8. Which of the following best describes your level of experience with microbiology?

- I have no training in microbiology
- I have general training in microbiology and aseptic technique
- I am trained or certified to handle microorganisms such as *Salmonella choleraesuis*, *Streptococcus pneumoniae*, etc.

9. Signature of supervising adult: \_\_\_\_\_

**The signatures of the sponsor and the student or students below indicate that the project conforms to the above rules of CPS Student Science Fair and of the Illinois Junior Academy of Science.**

Sponsor Signature: \_\_\_\_\_ Sponsor Email address: \_\_\_\_\_

Student 1 Name: \_\_\_\_\_ Student Email address: \_\_\_\_\_

Student 2 Name: \_\_\_\_\_ Student Email address: \_\_\_\_\_

Date: \_\_\_\_\_

<b>FOR SRC USE ONLY</b>	The signature and stamp in blue ink indicate this project has been approved as safe.	SRC Stamp:
	Scientific Review Committee Member: _____	
	Date of approval: _____	

**SIGNATURE AND STAMP FROM THE SRC MUST BE ON THIS ENDORSEMENT BEFORE THIS PROJECT CAN BE EXHIBITED. THIS ENDORSEMENT MUST BE TYPED AND DISPLAYED ON THE FRONT OF THE EXHIBITOR'S DISPLAY BOARD. DISPLAYED ENDORSEMENT CANNOT BE SMALLER THAN 8.5 INCHES (VERTICAL) AND 5.5 INCHES (HORIZONTAL) (PRINT AT 75% REDUCTION)**

**CHECK BOX IF EXCEPTION APPROVAL LETTER IS REQUIRED AND ATTACHED (SEE PAGE 14)**

SAVE

PRINT