

COVID VIRUS PRECAUTIONS MUST BE USED

REQUEST FOR HUMAN OR VERTEBRATE TISSUE ENDORSEMENT

BEFORE beginning any project using of human and vertebrate tissue in an experiment, students must obtain permission from the Scientific Review Committee and in some cases, from ISEF. Details about rules regarding the use of vertebrate tissue are on page 16 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. For the purpose of student research, all body fluids (blood, saliva, & urine), bone, skin, hair, and teeth are considered tissue.
2. Students may do research on fresh tissue, organs, primary cell cultures, established cell and tissue cultures, eggs, meat or meat by-products including bone obtained from biological supply houses, food stores, restaurants, or packing houses.
3. Teeth used in a research project must be sterilized. A written statement from a dentist to this effect must accompany this request.
4. The only blood that may be used is that which is purchased or obtained from a blood bank, hospital, or laboratory. No blood may be drawn by or from any person specifically for a STEM Exhibition project.
5. All tissue should be handled as though it were potentially infectious.
6. **All tissue studies must be conducted under adult supervision, and in a laboratory setting.**

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 11, 2020.**

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 facility the following information must be submitted with this endorsement request on separate institution letter head. Due by November 11, 2020.

1. Consultant's contact information:

Name of consulting professional: _____

_____ 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 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.

THIS COMPLETED FORM MUST BE RECEIVED BY November 22, 2020 by JENNIFER PATUSH. (NO FAXES ACCEPTED)

This endorsement request must be completed on-line at www.cssf.org; and may be saved, printed, signed, scanned and sent to humverttissue8@gmail.com.

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Students and sponsors using vertebrate tissue in a science project must complete this form. 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. This form must follow the Safety Sheet in the project research paper.

Title of Project: _____

Tissue/Organ to be used: _____

Complete the following information to show source where the tissue/organ will be obtained:

| IF OBTAINED FROM A SUPPLY HOUSE | IF OBTAINED FROM A UNIVERSITY, HOSPITAL, OR RESEARCH LAB |
|---------------------------------|--|
| NAME OF SUPPLY HOUSE _____ | NAME OF INSTITUTION _____ |
| ITEM CATALOG NUMBER _____ | NAME OF PROVIDER OF TISSUE _____ |
| SUPPLY HOUSE WEBSITE _____ | TITLE/PROFESSION _____ |
| SUPPLY HOUSE PHONE _____ | E-MAIL ADDRESS _____ |
| | PHONE _____ |
| | SIGNATURE OF PROVIDER _____ |

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.

Hypothesis or problem to be studied (include independent and dependent variables):

Site of experimentation: _____

Describe briefly the experimental procedure:

Describe disposal method of all potentially hazardous materials:

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

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: _____

| | | |
|-------------------------|--|------------|
| FOR SRC USE ONLY | 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 CAN NOT BE SMALLER THAN 8.5 INCHES (VERTICAL) X 5.5 INCHES (HORIZONTAL). (PRINT AT 75% REDUCTION).

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

SAVE

PRINT