Checklist for Adult Sponsor (1)
This completed form is required for ALL projects and must be completed before experimentation

Student's Name:		Jdent researcher:	
Project Title:			
1) I have reviewed the ISEF Rules	and Guidelines.		
2)	completed Student Checklist (1A	) and Research Plan.	
3)    I have worked with the student	t and we have discussed the pos	ssible risks involved ir	ı the project.
4) The project involves one or mo Humans Vertebrate Animals	ore of the following and requires  Potentially Hazardous Bi  Microorgan	iological Agents:	SRC, IRB, IACUC or IBC:
5) Forms to be completed for <b>ALL Proje</b>	ects:	_	<u> </u>
Adult Sponsor Checklist (1)	Research Plan		
Student Checklist (1A)	Approval Form (1B)		
☐ Regulated Research Institution☐ Continuation Form (7) (when a	nal/Industrial Setting Form (1C) (whe	en applicable)	
☐ Human Subjects Form (4) ☐ Qualified Scientist Form (2) (when a Vertebrate Animals (Requires prior a ☐ Vertebrate Animal Form (5A) - for ☐ Vertebrate Animal Form (5B) - for and Use Committee (IACUC) approval r ☐ Qualified Scientist Form (2) (Requires prior a form (1))	approval, see full text of the rules)  projects conducted in a non-regula projects conducted at a Regulated I required prior experimentation.)	Research Institution. (Ir	nstitutional Animal Care
Potentially Hazardous Biological 21-24 for full text of the rules.)	<b>Agents</b> (Requires prior approval by SRC,	IACUC or Institutional Biosafe	ety Committee (IBC), see pp.
Potentially Hazardous Biological Ag  Human and Vertebrate Animal Tiss use of fresh or frozen tissue, prima Qualified Scientist Form (2) (when a Risk Assessment Form (3) Require projects using manure for composi	sue Form (6B) - to be completed in a ary cell cultures, blood, blood produ	icts and body fluids. chae and similar microo	rganisms and for
required)  Hazardous Chemicals, Activities a	and Devices (No prior approval requi	ired, see pp.25-27 for full	text of the rules.)
☐ Risk Assessment Form (3) ☐ Qualified Scientist Form (2) (require	ed for projects involving DEA-controlled	substances or when appli	icable)
Adult Sponsor's Printed Name	Signature	Date of F (Must be	Review e prior to experimentation.)
Phone	 Email		