

Human Subjects Form (4)

Required for all research involving humans. IRB approval required before experimentation.

Student's Name _____

Title of Project _____

To be completed by Student Researcher in collaboration with the Designated Supervisor/Qualified Scientist:

(All questions must be answered; additional page may be attached.)

- 1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject's involvement. Attach any survey or questionnaire.
- 2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.
- 3) Describe the procedures that will be used to minimize risk, to obtain informed consent and/or assent, and to maintain confidentiality.

For questions or concerns regarding this research, contact: _____ at _____.
Adult Sponsor Email/phone

To be completed by Institutional Review Board (IRB) prior to experimentation: Determination of risk, including physical and psychological risks (See risk evaluation, p. 14.)

- Minimal risk where informed consent is recommended, but not required.** Justification for waiver of informed consent for research with subjects under 18 years of age: _____
- Minimal risk where informed consent is REQUIRED.**
- More than minimal risk where informed consent & a Qualified Scientist are REQUIRED**

IRB SIGNATURES (All three signatures are required)

1) Medical Professional: (*MUST circle one*) (a psychologist, psychiatrist, medical doctor, licensed social worker, physician's asst., or registered nurse)

Printed Name (including title) Signature Date of Approval

2) Science Teacher:

Printed Name Signature Date of Approval

3) School Administrator:

Printed Name Signature Date of Approval

To be completed by Human Subject:

(prior to experimentation)

Printed Name

- I have read and understand the conditions and risks above and I consent/assent to voluntarily participate in this research study.
yes no
- I realize I am free to withdraw my consent and to withdraw from this study at any time without negative consequences.
yes no
- I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.
yes no

Signature Date

To be completed by Parent/Guardian:

(Prior to experimentation and when participant is under 18 and informed consent is required)

Printed Name

- I have read and understand the conditions and risks above and consent to the participation of my child.
yes no
- I have reviewed a copy of any survey or questionnaire used in the research.
yes no
- I consent to the use of visual images (photos, videos, etc.) involving my child in this research.
yes no

Signature Date