

SRC Pre-Review Questionnaire

STEP 1—>PRINT or TYPE the following information:

Student Name:

Grade Level (circle one): 6 7 8 9 10 11 12

School Name:

Teacher Name:

Teacher Phone Number:

Is this a TEAM project? (circle one) NO YES Team Member's Name

Project Title:

Project Category:

Project Subcategory (For Team projects *only*):

STEP 2—> Answer each one of the following questions by circling “YES” or “NO.” Each question MUST be answered. Teachers, students, and parents who are not certain as to how one of these questions should be answered for a given student or student team should contact Dr. David Bell, the NEIRSEF SRC Chairperson at 260-481-6988 or via e-mail bell@ipfw.edu

1. Will this project make use of humans as research subjects? NO YES

2. Will this project place this student/team or any other individuals at risk for harm as they collect data or perform other procedures for this project? NO YES

3. Will this project involve live animals in any way? NO YES

4. Will this project involve pathogenic or potentially pathogenic agents (for example, bread or other food molds, or bacteria, or substances *taken from the environment* (e.g., dirt, water))? NO YES

5. Will this project involve the use of human or animal tissues? NO YES

6. Will this project involve or make use of heavy machinery or materials (e.g., chemicals) or other hazardous or potentially hazardous machinery, materials, or equipment? NO YES

7. Will this project involve the use of recombinant DNA? NO YES

8. Will this project involve the use of controlled substances? NO YES

STEP 3 —> COMPLETE APPROPRIATE ELIGIBILITY PROCEDURE:

- **IF AND ONLY IF ALL 8 QUESTIONS WERE ANSWERED “NO” -----> STUDENT CAN COMPLETE AND FILE SRC PRE-REVIEW EXEMPTION FORM BY 5 PM 2/13/04;**
- **IF ANY QUESTION WAS ANSWERED “YES” —> STUDENT MUST COMPLETE REQUIRED ISEF FORMS AND SUBMIT ALL PROJECT PAPERWORK FOR SRC PRE-EXPERIMENTATION REVIEW BY 5 PM ON 1/23/04 BEFORE HE/SHE CAN WORK ON THE PROJECT.**