## **Vertebrate Animal Form (5A)**

Required for all research involving vertebrate animals that is conducted in a school/home/field research site. (SRC approval required before experimentation.)

S	Student's Name(s)				
Ti	tle of Project				
To	o be completed by Stu	dent Researcher:			
1.	Common name (or Gen	us, species) and number of ani	mals used.		
2.	• • •	bedding, type of food, frequen	•	age/pen size, number of animals w often animal is observed, etc.	
3.	What will happen to the	animals after experimentation	?		
4.	Attach a copy of wildlife	e licenses or approval forms, as	applicable		
5.	5. The ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and documented by a letter from the qualified scientist, designated supervisor or a veterinarian. If applicable, attack this letter with this form when submitting your paperwork to the SRC prior to competition.				
Tł	<ul> <li>□ Designated Supervisor</li> <li>□ Veterinarian and Designate</li> <li>□ Veterinarian, Designate</li> <li>□ Qualified Scientist com</li> </ul>	this study and finds it is an appropriat	rson sign below. ve applicable persons sign below. REQUIRED. Please have applica	ble persons sign below and have the	
SI	RC Chair Printed Name	Signature		Approval (must be prior to entation) (mm/dd/yy)	
	To be completed by Veterinarian:  ☐ I have reviewed this research and animal husbandry with the student before the start of experimentation.  ☐ I have approved the use and dosages of prescription drugs and/or nutritional supplements.  ☐ I will provide veterinary medical and nursing care in case of illness or emergency. (Fees may apply.)		To be completed by Designated Supervisor or Qualified Scientist when applicable:  ☐ I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.  ☐ I will directly supervise the experiment.		
Ē	rinted Name	Email/Phone	Printed Name	Email/Phone	
- 	signature	Date of Approval (mm/dd/yy)	Signature	Date of Approval (mm/dd/yy)	

## **Vertebrate Animal Form (5B)**

Required for all research involving vertebrate animals that is conducted in at a Regulated Research Institution. (IACUC approval required before experimentation. Form must be completed and signed after experimentation.)

St	tudent's Name(s)
Ti	tle of Project
	itle and Protocol Number of IACUC Approved Project
	o be completed by Qualified Scientist or Principal Investigator:
1.	Species of animals used: Number of animals used:
2.	Describe, in detail, the role of the student in this project: animal procedures and related equipment that were involved, oversight provided and safety precautions employed. (Attach extra pages if necessary.)
3.	Was there any weight loss or death of any animal? If yes, attach a letter obtained from the qualified scientist, designated supervisor or a veterinarian documenting the situation and the results of the investigation.
4.	Did the student's project also involve the use of tissues?  □ No □ Yes; complete Forms 6A and 6B
5.	What laboratory training, including dates, was provided to the student?
_	Attach a copy of the Regulated Research Institution IACUC Approval. A letter from the Qualified Scientist or Principal Investigator is not sufficient.
	Qualified Scientist/Principal Investigator
	Printed Name
-	Signature Date (mm/dd/yy)