REGENERON STS INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL FORM

Required for all research involving human participants. (Institutional Form or Intel ISEF form may be substituted.)

Student’s Name: ____________________________________________
Title of Project: ______________________________________________

Adult Sponsor: ____________________________________________
Contact Phone/Email: _________________________________________

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

1. ☐ I have submitted my Research Plan which addresses research methodology, participant recruitment, confidentiality and privacy issues, informed consent procedures and a risk and benefit analysis for the human participants.
2. ☐ I have attached any surveys or questionnaires I will be using in my project.
3. ☐ I have attached an informed consent that I would use if required by the IRB.
4. ☐ Yes ☐ No Are you working with a Qualified Scientist?
   Name: ____________________________________________________
   Degree: __________________________________________________
   Email Address/Phone Number: ________________________________
   Experience/Training as it relates to this project: ________________

ITEMS IN THIS BOX MUST BE COMPLETED TO BE VALID

To be completed by Institutional Review Board (IRB) after review of the research plan. The submitted Research Plan must address all areas indicated on the Human Participants section of the Research Plan Instructions.

Check one of the following:
☐ Research project requires revisions and is NOT approved at this time. IRB will attach document indicating concerns and/or requested revisions.
☐ Research project is Approved with the following conditions below: (All 5 must be answered)
   1. Risk Level (check one) :
      ☐ Minimal Risk ☐ More than Minimal Risk
   2. Qualified Scientist (QS) Required: ☐ Yes ☐ No
   3. Written Minor Assent required for minor participants:
      ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
   4. Written Parental Permission required for minor subjects:
      ☐ Yes ☐ No ☐ Not applicable (No minors in this study)
   5. Written Informed Consent required for subjects 18 years or older:
      ☐ Yes ☐ No ☐ Not applicable (No subjects 18 yrs or older in this study)

IRB SIGNATURES (All 3 signatures required) None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

I attest that I have reviewed the student’s project and agree with the above IRB determinations.

Medical or Mental Health Professional (a psychologist, psychiatrist, medical doctor, licensed social worker, licensed clinical professional counselor, physician’s assistant, or registered nurse)

Printed Name ____________________________ Degree/Professional License ____________________________
Signature ____________________________ Date of Approval ____________________________

School Administrator
Printed Name ____________________________ Degree ____________________________
Signature ____________________________ Date of Approval ____________________________

Educator (not involved with the project)
Printed Name ____________________________ Degree ____________________________
Signature ____________________________ Date of Approval ____________________________

Regeneron Science Talent Search 2021