REGENERON STS INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL FORM

Required for all research involving human participants. (Institutional Form or Regeneron ISEF form may be substituted. Substitute forms MUST demonstrate signatures for all three approvers, date of approval, and other fields as outlined below.)

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.

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 (MUST be yes if minors are involved starting in 2026):
   ☐ 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)
6. Previously requested changes have been made and SRC approves (attach notation of requested changes).
   ☐ 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). None of these individuals may personally oversee the student research project.

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 _____