Middle School - Vertebrate Animal Form (5A)

This form is only required for projects involving vertebrate animals being conducted in a school, home or field research setting and MUST be completed and approved by the SRC PRIOR to experimentation.

To be completed by the Student Researcher/Team Leader in collaboration with the Adult Sponsor, Direct Supervisor and/or Qualified Scientist/Mentor. All questions MUST be answered, and additional pages may be attached.

Student's Name(s):_____

Project Title:

_____

1. Common name (or Genus, species) and number of each animal used.
2. Describe in detail the housing and husbandry to be provided for each type of animal. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc.
3. What will happen to the animals after experimentation?
4. If applicable, attach a copy of wildlife licenses or approval forms.

The CSEF Vertebrate Animal Rules require that ANY death, illness or unexpected weight loss be investigated, explained, and documented by a letter from the qualified scientist, direct supervisor or veterinarian. Attach this letter to this form when submitting paperwork to the SRC prior to competition. ***If the death, illness or unexpected weight loss is found to be due to the experiment, then it must be terminated IMMEDIATELY.***

To be completed by the local or school Scientific Review Committee PRIOR to experimentation.

The SRC has carefully reviewed this study and finds it is an appropriate study and may be conducted in a non-regulated research site. The Student Researcher MUST have at least the following level of supervision (mark highest level required):

☐ Direct Supervisor REQUIRED. Please have applicable person sign in the appropriate box below.

☐ Veterinarian and Direct Supervisor REQUIRED. Please have the applicable people sign in the appropriate boxes below.

☐ Veterinarian, Direct Supervisor and Qualified Scientist/Mentor REQUIRED. Please have the applicable people sign in the appropriate boxes below and complete a Qualified Scientist/Mentor Form 2B.

SRC Chair's Printed Name	SRC Chair's Signature	Date of Approval (mm/dd/yy)

Veterinarian:

☐ I have reviewed this research proposal and animal husbandry with the student(s) PRIOR to the start of experimentation.

☐ I have approved the use and dosages of prescription drugs and/or nutritional supplements (if applicable).

☐ I will provide veterinary medical and nursing care in case of illness or emergency (fees may apply).

Veterinarian's Printed Name	Email or Phone

Veterinarian's Signature	Date of Approval

Direct Supervisor:

☐ I have reviewed this research and animal husbandry with the student(s) PRIOR to experimentation, and I accept primary responsibility for the care and handling of the animals in this project.

☐ I will provide DIRECT supervision during experimentation.

Direct Supervisor's Printed Name	Email or Phone

Direct Supervisor's Signature	Date of Approval