

# Human Subjects Form (4)

Required for all research involving human subjects. IRB approval required before experimentation.

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

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

(All questions must be answered; additional page may be attached.)

- 1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject's involvement. Attach any survey or questionnaire.
- 2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.
- 3) Describe the procedures that will be used to minimize risk, to obtain informed consent and/or assent, and to maintain confidentiality.

For questions or concerns regarding this research, contact: \_\_\_\_\_ at \_\_\_\_\_.  
Adult Sponsor Email/phone

## To be completed by Institutional Review Board (IRB) prior to experimentation: Determination of risk, including physical and psychological risks (See risk evaluation, p. 14.) MUST CHECK ONE OF THE BOXES

- Minimal risk where informed consent is recommended, but not required.** Justification for waiver of informed consent for research with subjects under 18 years of age: \_\_\_\_\_
- Minimal risk where informed consent is REQUIRED.**
- More than minimal risk where informed consent & a Qualified Scientist are REQUIRED**

## IRB SIGNATURES (All three signatures are required; Adults supervising this project may not serve on the IRB reviewing this project; it is a conflict of interest.)

1) **Medical Professional:** (*MUST circle one*) (a psychologist, psychiatrist, medical doctor, licensed social worker, physician's asst., or registered nurse)

Printed Name (including title) \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

2) **Science Educator:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

3) **School Administrator:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_

## To be completed by Human Subject:

( prior to participation)

Printed Name \_\_\_\_\_

- I have read and understand the conditions and risks above  
yes no and I consent/assent to voluntarily participate in this  
research study.
- I realize I am free to withdraw my consent and to  
yes no withdraw from this study at any time without negative  
consequences.
- I consent to the use of visual images (photos, videos,  
yes no etc.) involving my participation in this research.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## To be completed by Parent/Guardian:

(Prior to participation and when participant is under 18 and informed consent is required)

Printed Name \_\_\_\_\_

- I have read and understand the conditions and risks above  
yes no and consent to the participation of my child.
- I have reviewed a copy of any survey or questionnaire  
yes no used in the research.
- I consent to the use of visual images (photos, videos, etc.)  
yes no involving my child in this research.

Signature \_\_\_\_\_ Date \_\_\_\_\_