



## REQUEST FOR HUMAN OR VERTEBRATE TISSUE ENDORSEMENT

THESE RULES WILL BE STRICTLY ENFORCED AT THE CHICAGO PUBLIC SCHOOLS STUDENT SCIENCE FAIR. NO REGION SHOULD SEND A PROJECT TO THE CITY THAT DOES NOT MEET THESE REGULATIONS.

1. For the purpose of student research, all body fluids (blood, saliva, & urine), bone, skin, hair, and teeth are considered tissue.
2. Students may do research on fresh tissue, organs, primary cell cultures, established cell and tissue cultures, meat or meat by-products including bone obtained from biological supply houses, food stores, restaurants, or packing houses.
3. Teeth used in a research project must be sterilized. A written statement from a dentist to this effect must accompany this request.
4. The only blood that may be used is that which is purchased or obtained from a blood bank, hospital, or laboratory. No blood may be drawn by or from any person specifically for a Science Fair project.
5. All tissue should be handled as though it were potentially infectious.
6. All tissue studies must be conducted under adult supervision.

**Before** beginning any project using vertebrate tissue in an experiment, students must obtain permission from the Scientific Review Committee and in some cases, from ISEF. Details about rules regarding the use of vertebrate tissue are on pages 12 of the 2010 Science Fair Handbook.

SPECIAL NOTE: Students in grades 9-12 wishing to participate at the International Science and Engineering Fair should consult page 36 of this handbook for required forms. ISEF rules and forms are available at: [http://www.societyforscience.org/isef/about/rules\\_regulations.asp](http://www.societyforscience.org/isef/about/rules_regulations.asp).

Name of Student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Chicago, IL Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name of Teacher-Sponsor: \_\_\_\_\_ email: \_\_\_\_\_

School: \_\_\_\_\_ GSR# \_\_\_\_\_ Date of Request: \_\_\_\_\_

Is the proposed project being conducted with a scientist at a university, hospital or research facility?  YES  NO

If yes, the consulting scientist must complete the section below and provide on institute stationery, a description of the experimental procedures and his/her supervision.

### TO BE COMPLETED BY THE CONSULTING SCIENTIST

Name of doctor or biological research scientist consulting on this project, including title: \_\_\_\_\_

Profession: \_\_\_\_\_ Position/Institution: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

1. Please provide a letter on institute stationery, describing the experimental procedures and your supervision.

2. Please check one:

- This project was reviewed and approved by an institutional biosafety committee (IBC) before experimentation or is part of an approved ongoing study. A copy of the approval is on file and will be made available if necessary.
- This institution does not require approval for this type of study. The student has received proper training in the safe use and disposal of the potentially hazardous biological agents involved in this project.

I will directly supervise this student and take precautions to prevent contact with potentially infectious materials involved in this project.

Signature of Consulting scientist: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach an additional sheet with comments if necessary.

**TWO copies of this completed form must be received by Mrs. Nancy Toomey, Kellogg Elementary, GSR #49 by NOVEMBER 18th, 2009 (NO FAXES PLEASE)**

(Continued on page 64)



## PAGE 2 of REQUEST FOR VERTEBRATE TISSUE ENDORSEMENT

Students and sponsors using vertebrate tissue in a science project must complete this form. The signature of the student(s) and the sponsor indicate the project was done within the rules on the previous page. Failure to comply with these rules will mean disqualification of the project. This form must follow the Safety Sheet in the project research paper.

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

Tissue/Organ to be used: \_\_\_\_\_

Regarding the source from which the tissue/organ will be obtained, please give the following information:

IF OBTAINED FROM A SUPPLY HOUSE	IF OBTAINED FROM A UNIVERSITY, HOSPITAL, OR RESEARCH LAB
NAME OF SUPPLY HOUSE	NAME OF INSTITUTION
ITEM CATALOG NUMBER	NAME OF PROVIDER OF TISSUE
SUPPLY HOUSE WEBSITE	TITLE/PROFESSION
SUPPLY HOUSE PHONE	E-MAIL ADDRESS
	PHONE
	SIGNATURE OF PROVIDER

Read and answer each of the following questions carefully so the Scientific Review Committee can fairly assess whether your project will be safe. Do NOT copy and attach the procedure from your research plan as a substitute.

Problem to be studied:

Site of experimentation: \_\_\_\_\_

Procedure to be followed:

Method of disposal of all potentially hazardous material

The signatures of the student or students and sponsor below indicate that the project conforms to the above rules of CPS Student Science Fair and of the Illinois Junior Academy of Science.

_____	_____
(Sponsor)	(Student)
_____	_____
(Date)	(Student)

<b>FOR SRC USE ONLY</b>	The signature and CPSSSF stamp below in colored ink indicate this project has been approved as safe.	
	Scientific Review Committee Member	Date of approval

**THIS SHEET MUST BE TYPED**

**THIS FORM MUST BE DISPLAYED ON THE FRONT OF THE EXHIBITOR'S DISPLAY BOARD. IT MAY BE REDUCED TO A HALF SHEET OF PAPER**