

Approval Form (1B)

A completed form is required for each student, including all team members.

1. To Be Completed by Student and Parent

a. Student Acknowledgment:

- I understand the risks and possible dangers to me of the proposed research plan.
- I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.
- I have read and will abide by the following Ethics statement

Student researchers are expected to maintain the highest standards of honesty and integrity. Scientific fraud and misconduct are not condoned at any level of research or competition. Such practices include but are not limited to plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs and ISEF.

Damien Edele



02/01/19

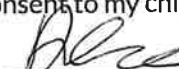
Student's Printed Name

Signature

Date Acknowledged (mm/dd/yy)
(Must be prior to experimentation.)

b. **Parent/Guardian Approval:** I have read and understand the risks and possible dangers involved in the Research Plan/Project Summary. I consent to my child participating in this research.

Janine Doran



02/01/19

Parent/Guardian's Printed Name

Signature

Date Acknowledged (mm/dd/yy)
(Must be prior to experimentation.)

2. To be completed by the local or affiliated Fair SRC

(Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).

The SRC/IRB has carefully studied this project's Research Plan/Project Summary and all the required forms are included. My signature indicates approval of the Research Plan/Project Summary before the student begins experimentation.

SRC/IRB Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)
(Must be prior to experimentation.)

OR

b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval.

This project was conducted at a regulated research institution (not home or high school, etc.), was reviewed and approved by the proper institutional board before experimentation and complies with the ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).

Laura Ward

SRC Chair's Printed Name

Signature

Date of Signature (mm/dd/yy)
(May be after experimentation)

3. Final ISEF Affiliated Fair SRC Approval (Required for ALL Projects)

SRC Approval After Experimentation and Before Competition at Regional/State/National Fair

I certify that this project adheres to the approved Research Plan/Project Summary and complies with all ISEF Rules.

Regional SRC Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)

State/National SRC Chair's Printed Name
(where applicable)

Signature

Date of Approval (mm/dd/yy)

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Christopher Jannotta

Christopher Jannotta

2/1/2019

Student's Printed Name

Signature

Date Acknowledged (mm/dd/yy)
(Must be prior to experimentation.)

b. Parent/Guardian Approval: I have read and understand the risks and possible dangers involved in the Research Plan/Project Summary. I consent to my child participating in this research.

Joanna Jannotta

Joanna Jannotta

2/1/2019

Parent/Guardian's Printed Name

Signature

Date Acknowledged (mm/dd/yy)
(Must be prior to experimentation.)

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Laura Ward

SRC Chair's Printed Name

Signature

01/13/2020

Date of Signature (mm/dd/yy)
(May be after experimentation)

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Regional SRC Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)

State/National SRC Chair's Printed Name
(where applicable)

Signature

Date of Approval (mm/dd/yy)

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Danielle Levanti Danielle Levanti 02/01/2019
Student's Printed Name Signature Date Acknowledged (mm/dd/yy)
(Must be prior to experimentation.)

b. Parent/Guardian Approval: I have read and understand the risks and possible dangers involved in the Research Plan/Project Summary. I consent to my child participating in this research.

Virginia Levanti Virginia Levanti 02/01/2019
Parent/Guardian's Printed Name Signature Date Acknowledged (mm/dd/yy)
(Must be prior to experimentation.)

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SRC/IRB Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)
(Must be prior to experimentation.)

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LAURA C. WARD
SRC Chair's Printed Name

Laura C. Ward
Signature

1/29/20
Date of Signature (mm/dd/yy)
(May be after experimentation)

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SRC Approval After Experimentation and Before Competition at Regional/State/National Fair

I certify that this project adheres to the approved Research Plan/Project Summary and complies with all ISEF Rules.

Regional SRC Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)

State/National SRC Chair's Printed Name
(where applicable)

Signature

Date of Approval (mm/dd/yy)