Vertebrate Animal Form (5A)
Required for all research involving vertebrate animals that is conducted in a school/home/field research site. (SRC approval required before experimentation.)

Student's Name(s) Cheryl Chang					
Title of Project Suggestion possible functions of GAT	3RBS and establishing a connection between GABARR				
Title of Project Suggesting possible functions of GAT. absunce and the onset of Autism Spectium	D'sorder				
To be completed by Student Researcher:					
. Common name (or Genus, species) and number of animals used.  Mus musculus					
2. Describe completely the housing and husbandry to be provided. 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. Add an additional page as necessary.  The mice were dosered daily and feel food (in the form of pellety) and water continuously. S mice were maintained per cage (size 12in x 15in) and the bedding used was much.  3. What will happen to the animals after experimentation?					
The animals will be humanely disposed of according to established IA cue protocols.					
4. Attach a copy of wildlife licenses or approval forms, as applicable					
5. The ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and documented by a letter from the qualified scientist, designated supervisor or a veterinarian. If applicable, attach this letter with this form when submitting your paperwork to the SRC prior to competition.					
To be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation.  Level of Supervision Required for agricultural, behavioral or nutritional studies (select one):  Designated Supervisor REQUIRED. Please have applicable person sign below.  Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.  Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).  The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site. Local or Affiliate Fair SRC Pre-Approval Signature:					
SRC Chair Printed Name Signature	Date of Approval (must be prior to experimentation (mm/dd/yy)				
To be completed by Veterinarian:  I have reviewed this research and animal husbandry with the student before the start of experimentation.	To be completed by Designated Supervisor or Qualified Scientist when applicable:  I have reviewed this research and animal husbandry with				
☐ I have approved the use and dosages of prescription drugs and/ or nutritional supplements.	the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.				
I will provide veterinary medical and nursing care in case of illness or emergency. (Fees may apply.)	✓ I will directly supervise the experiment.				
Printed Name Email/Phone	Printed Name  Pr				
Signature Date of Approval (mm/dd/yy)	Signature 9124/19 Date of Approval (mm/dd/yy)				

Vertebrate Animal Form (5B)
Required for all research involving vertebrate animals that is conducted in at a Regulated Research Institution. (IACUC approval required before experimentation. Form must be completed and signed after experimentation.)

Ti	Title of Project Suggesting possible factors of GABLBS and column a country belown CARBBBS about and the protect Number of IACUC Approved Project Mechanisms Underlying Activity - Dependent Interneuron Development; #: 2013-0122					
	o be completed by Qualified. Species of animals used: $\frac{N}{2}$	d Scientist or Principal Involus musculus	estigator:  Number of animals used: 11			
2.	. Describe, in detail, the role of involved, oversight provided	f the student in this project: a and safety precautions empl	animal procedures and related equipment that were oyed. (Attach extra pages if necessary.)			
	The student received stained slides from 11 animals (a combination of mutant and control animals). She then took images of two different brain regions on the confocal microscope, and analyzed these pictures for anatomical features. Together, we performed the data analysis and discussed results.					
3.	. Was there any weight loss or designated supervisor or a v <b>No.</b>	death of any animal? If yes, af eterinarian documenting the	ttach a letter obtained from the qualified scientist, situation and the results of the investigation.			
4.	<ul><li>Did the student's project als</li><li>No</li><li>Yes; complete Forms 6A</li></ul>					
5. What laboratory training, including dates, was provided to the student?  The student received Fire safety training (completed July 24, 2019) and HIPAA training (completed July 24, 2019). Because she was not involved in animal handling, tissue processing, or generation and use of reagents, she did not need to complete other training.						
6.	6. Attach a copy of the Regulat Principal Investigator is not		UC Approval. A letter from the Qualified Scientist or			
ľ	Qualified Scientist/Principal Investigator					
	Rachel Bablj					
	Printed Name Rachel Babij	Digitally signed by Rachel Babij Date: 2019.09.24 17:36:17 -04'00'	09/24/2019			
ľ	Signature		Date (mm/dd/yy)	V MARSON I		

Cheryl Chang

Student's Name(s)