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:  | it allu Fai tilt  |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| I understand the risks and p  | ossible dangers to me   | of the proposed resea                             | rch plan.  |  |  |  |  |  |
|   | I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this |   |  |  |  |  |  |  |
| research.   |   |   |  |  |  |  |  |  |
| <ul> <li>I have read and will abide by</li> </ul>   | the following Ethics s  | statement   |  |  |  |  |  |  |
| are not condoned at any level of researc  | h or competition. Such  | r practices include but a                         | ntegrity. Scientific fraud and misconduct<br>are not limited to plagiarism, forgery, use |  |  |  |  |  |
| or presentation of other researcher's we  | ork as one's own, and f   | abrication of data. Frau                          | dulent projects will fail to qualify for   |  |  |  |  |  |
| competition in affiliated fairs and ISEF.<br>Benjamin Goldfried   | _ Ju/ 6   | olestical   | 7/17/19  |  |  |  |  |  |
| Student's Printed Name  | Signature   |   | Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)                         |  |  |  |  |  |
| b. Parent/Guardian Approval:   ha   | ave read and understa   | nd the risks and possib                           |  |  |  |  |  |  |
| Research Plan/Project Summa   |   |   |  |  |  |  |  |  |
| Dara Goldfried  | Dara S  | deduil  | 7/17/19  |  |  |  |  |  |
| Parent/Guardian's Printed Name  | Signature   | 0   | Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)                         |  |  |  |  |  |
|   | 20/122  | 1 <del>[</del>                                    |  |  |  |  |  |  |
| a. Required for projects that need prior S  | RC/IRB approval   | b. Required for re                                | esearch conducted at all Regulated Research  |  |  |  |  |  |
| BEFORE experimentation (humans, ver   |   | Institutions with no prior fair SRC/IRB approval. |  |  |  |  |  |  |
| hazardous biological agents).   |   | OR  |  |  |  |  |  |  |
|   |   | 1 1   | nducted at a regulated research institution  |  |  |  |  |  |
| The SRC/IRB has carefully studied this proje  |   |   | chool, etc.), was reviewed and approved by the   |  |  |  |  |  |
| Project Summary and all the required forms  |   | 1 1 1 1   | board before experimentation and complies  |  |  |  |  |  |
| signature indicates approval of the Research<br>before the student begins experimentation.                          | Plan/Project Summary  | approvals (e.g. IACI                              | Attach (1C) and any required institutional   |  |  |  |  |  |
| before the student begins experimentation.  |   |   | . 1  |  |  |  |  |  |
|   |   | 1 Lichn   | n- T   |  |  |  |  |  |
| SRC/IRB Chair's Printed Name  |   | SRC Chair's Printed                               | Name / 1/27/2020   |  |  |  |  |  |
|   | Approval (mm/dd/yy) or to experimentation.)   | Signature   | Date of Signature (mm/dd/yy)<br>(May be after experimentation)                           |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |
| 3. Final ISEF Affiliated Fair SRC Approval (Required for ALL Projects)  |   |   |  |  |  |  |  |  |
| SRC Approval After Experimentation and E  | Before Competition at Re  | egional/State/National Fa                         | ir   |  |  |  |  |  |
| I certify that this project adheres to the approved Research Plan/Project Summary and complies with all ISEF Rules. |   |   |  |  |  |  |  |  |
| •   |   |   |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |

| 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<br>(where applicable)   | Signature | Date of Approval (mm/dd/yy) |  |  |  |  |