## 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.)

tudent's Name(s) Katherine Lynn Winter
itle of Project Individual variability in working memory of (57816) make mich in WS ponse to Repeated variable social Stress (RUSS)
o be completed by Student Researcher:
Common name (or Genus, species) and number of animals used.
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. Mice are housed in our ILAC approch facility, and card for by a Vetnary start. I arranks are housely facility, and card for by a Vetnary start. I arranks are housely for cyc. or rentard facks with find the order What will happen to the animals after experimentation?  They are use for further states in the lab.  Attach a copy of wildlife licenses or approval forms, as applicable  The Intel ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and locumented 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.
be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation. Level of Supervision Required for a shavioral or nutritional studies:
☐ Designated Supervisor REQUIRED. Please have applicable person sign below.
□ Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
Uveterinarian, Designated Supervisor and Qualifi ed Scientist REQUIRED. Please have applicable persons sign below and have the Q Form (2).
ne SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site. Local pproval Signature:
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The Court of the C

C Chair Printed Name		Signature (mm/dd/yy)	Date of Approval (must I						
To be completed by Veterinarian:  I have reviewed this research and animal husbandry with the student before the start of experimentation  I have approved the use and dosages of prescription drugs and/or nutritional supplements.		To be completed by Designated Supervisor or Qualified Scientist when applicable:  I have reviewed this research and animal husbandry with 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.)		will directly supervise the experiment		
							Allyson Friday	Africam ege ectr, hu	
<sup>3</sup> rinted Name	Email/Phone	Printed Name	1.1						
		all	ce/1/2019						
signature	Date of Approval (mm/dd/yy)	Signature	Date of Approval (mm/dd/yy)						
ternational Rules: Guideline	rs for Science and Engineering Fairs 2018 – 201	19, student.societyforscience.org/intel-	isef Page 39						
e(s) Katherine L	ed before experimentation. Form mu _ynn Winter								
le of Project Indiv after Project tle and Protocol N	dual Variable Social Strumber of IACUC Approved Proje	ny memory of (57)	316 mate mice						
be completed by Q	ualifi ed Scientist or Principal Inves	tigator:							
Species of animals us	ed: CS7 BLC	Number of animals use	d: <u>36</u>						
	e role of the student in this project: an		pment that were involved,						
	give gloses and face mosk.	with the CST. She mo	nte conquer						

Vas there any weight loss or death of any animal? If yes, attach a letter obtained from the qualifi ed scientist, designated

supervisor or a veterinarian documenting the situation and the results of the investigation.

No.

Did the student's No	project also involve the use of t	issues?		
Yes; complete l	forms 6A and 6B			
What laboratory	training, including dates, was pro	ovided to the student?		
Kohe coise	& laborer of the training	and fix safey trang	7/1/2019	
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Attach a copy of	the Regulated Research Institut	ion IACUC Approval. A letter from t	he Qualifi ed Scientist or Principa	1
nvestigator is no	t suffi cient.			
			*	
	/Principal Investigator			
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nature		Date (mm/dd/yy)		
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