Some examples of forms

REVIEW FORM (1)

SAFETY AND ETHICS REVIEWS AND AUTHORIZATIONS TERM

ID: Project start date: Planned end date:
Project title:
Area: Number of Members: 1( ) 2( ) 3( )

STUDENT REVIEW DECLARATION

I (we) declare that I (we) am (are) aware of the possible risks of the research as proposed in the Research Plan and I (we) will take the indicated safety measures. I (we) am (are) aware that scientific fraud, plagiarism, data or signature falsification will not be tolerated, and that they may disqualify the project **at any time.**

Student 1: Signature: _____
Student 2: Signature: _____
Student 3: Signature: _____

Research coordinator student email: Cell phone:

TERM OF REVIEW AND AUTHORIZATION OF LEGAL RESPONSIBLE FOR MINORS OF AGE

I (we) declare that I (we) have read the Research Plan prepared by my child, I am aware of the possible risks of carrying out the research, as well as the safety and ethical measures to be adopted. I authorize my child to execute it.

Student 1: Signature: _____
Student 2: Signature: _____
Student 3: Signature: _____

GUIDANCE REVIEW AND APPROVAL

I declare that I read the Research Plan presented by the students **and reviewed the safety and ethics aspects** involved in the research and experimental procedures. The methodology adequately describes the materials, methods, possible risks and protective measures to be adopted. I also declare that:

( ) the student(s) has (have) adequate training in handling the materials, equipment and procedures proposed;
( ) the student(s) DOES (DO) NOT have adequate training and/or legal qualification to perform some of the proposed procedures alone, being necessary, in these steps, the direct monitoring of the following DESIGNATED SUPERVISOR: _____ Signature: _____

Check the items that are used in your research:

( ) Human beings ( )Vertebrate animals ( ) Potentially dangerous biological agents
( ) Hazardous chemicals, activities or equipment ( ) Substances controlled by law

MENTOR: Signature: Date:___/___/___

REGULATED RESEARCH INSTITUTIONAL/INDUSTRIAL SETTING FORM (1C)

This form must be completed by the scientist supervising the student´s research conducted in a regulated research institution or industrial setting.

TO BE COMPLETED BY THE STUDENT:

Project title:

Student(s)´s name(s) that conducted the project:

Project research area (according to MOSTRATEC website):

Country:

To be answered by the RESPONSIBLE FOR THE REGULATED RESEARCH INSTITUTIONAL/INDUSTRIAL SETTING where the research was conducted:

1) The student(s) conducted the research in my institution:
a) ( ) to use equipment only.
b) ( ) to conduct experimentation.

2) Were you made aware of the MOSTRATEC Research Rules before experimentation?
( ) Yes ( ) No

3) Did the student(s) work as part of a team? ( ) Yes ( ) No
If YES, how big was the team? Describe the team.

4) List and describe the specific procedures the student(s) actually performed and how independently the student(s) worked:

Student research projects dealing with human subjects, vertebrate animals or potentially hazardous biological agents require review and approval by an institutional review board (IRB), local IACUC, etc). ***Copy of approval(s) must be attached.***

TO BE COMPLETED BY THE RESPONSIBLE FOR THE REGULATED RESEARCH INSTITUTIONAL/INDUSTRIAL SETTING

Name:
Title:
Date:
Institution:
Address:
Telephone: E-mail:

Signature:_____

QUALIFIED SCIENTIST FORM (2)

Required for research projects involving potentially hazardous biological agents, vertebrate animals, controlled substances and humans. Must be signed prior to the start of student´s experimentation.

The Qualified Scientist and the Mentor *can be the same person provided that the professional´s qualification is in the student´s area of research.*

Project title:
Student(s)´s name(s)):
Project research area (according to MOSTRATEC website): Country:

To be completed by the QUALIFIED SCIENTIST:
Scientist´s name:
Degree:
Experience/Training in the student´s area of research:
Position:
Institution:
Address:
E-mail:
Telephone:

1) Were you informed of MOSTRATEC Research Rules prior experimentation?
( )Yes ( )No

2) Does the research involve any of the items below? Mark them::
( ) Humans
( ) Vertebrate animals
( ) Potentially Hazardous Biological Agents
( ) Controlled Substances

3) Will you directly supervise the student(s)? ( )Yes ( )No
If NOT,
a) Who will supervise and serve as the Designated Supervisor of the research? _____
b) Experience/Training of the Designated Supervisor:
4) Describe the safety cares and necessary training for this project:

TO BE COMPLETED BY THE QUALIFIED SCIENTIST - QS:	**TO BE COMPLETED BY THE DESIGNATED SUPERVISOR (DS), WHEN THE QUALIFIED SCIENTIST (QS) CANNOT DIRECTLY SUPERVISE THE RESEARCH:**
I certify that I reviewed and approved the **Research Plan**, prior the experimentation. If the student(s) or the Designated Supervisor is not trained in the necessary procedures, I will assure his/her training and supervision during the research. I know how the techniques to be used by the student in the **Research Plan** work. If an addictive substance is used in this research, I will certify that I have the qualified license. I understand that a Designated Supervisor's indication is necessary when the student(s) is not conducting the experimentation under my direct supervision. Signature:_____ Printed QS´s name: Approval date: Telephone: E-mail:	I certify that I have been trained in the techniques that will be used by the student(s), prior the experimentation and that I will provide direct supervision. Signature:_____ Printed DS´s name: Date of approval: Telephone: E-mail:

HUMAN SUBJECTS FORM (4) AND INFORMED CONSENT

This form is required for all research involving humans. Institutional Review Board (IRB) approval is required before experimentation.

Project title:
Student(s)´s name(s):
Project research area (according to MOSTRATEC website): Country:

To be completed by the Student Researcher(s) in collaboration with the Adult Sponsor / Designated Supervisor/ Qualified Scientist. Mark:

1. I have submitted my Research Plan which adheres to all the procedures in the Research Rules involving humans: objectives, how to minimize risks and stress (if existing), benefits, confidentiality, procedures to obtain consent, etc.
( ) Yes ( ) No

2. I have submitted any surveys or questionnaires I will be using in my research.
( ) Yes ( ) No

3. I am requiring exemption from the Informed Consent and/or Minor Assent.
( ) Yes ( ) No

4. I am requiring exemption from Parental/Guardian Informed Consent.
( ) Yes ( ) No ( ) Not applicable

Important: If you answered "no" questions 3 or 4, attach the Informed Consent.

5. Are you working in collaboration with a Qualified Scientist?
( ) Yes Name: _____
Degree: _____
Address:_____ Telephone: _____ E-mail: _____
Experience in the Project research area: _____
( ) No

TO BE COMPLETED BY THE INSTITUTIONAL REVIEW BOARD (IRB) AFTER THE RESEARCH PLAN REVIEW

( ) The research project has **NO**T been **APPROVED** yet. It has to undergo changes.

( ) The research project **is APPROVED** according the following conditions:
1. Risk level: ( ) There is no risk ( ) Minimal risk ( ) More than minimal risk
2. Qualified Scientist is required: ( ) Yes ( ) No
3. Participation Assent needed for minors: ( ) Yes ( ) No ( ) Not applicable (there are no minors in this study)
4. Parental/Guardian Informed Consent for minors:
5. ( ) Yes ( ) No ( ) Not applicable (there are no minors in this study)
6. Written Informed Consent for participants aged 18 or more:
( ) Yes ( ) No ( ) Not applicable (there are no participants aged 18 or more)

IRB SIGNATURES: (all three signatures are required)
Those must not be the Mentor, Designed Supervisor, Qualified Scientist or someone related to the student (parent, etc.) signatures, in order to avoid conflicts of interest.

I attest that I have reviewed the student(s)´s project and ratify the information above.

Medical or Mental Health Professional (a psychologist, psychiatrist, medical doctor, licensed social work assistant, registered nurse)	
Name	Degree
Signature	Approval date

School Administrator	
Name	Degree
Signature	Approval date

Educator	
Name	Degree
Signature	Approval date

EXAMPLE OF INFORMED CONSENT FORM

Instructions for the student researcher: a consent form must be developed in collaboration with the Mentor, Designed Supervisor or Qualified Scientist.

This form is used to provide information to the participant of the research (parent and/or guardian) and to register the consent, minor assent and/or parental or guardian permission.

- When written documents are needed, the researcher keeps the original, signed form.
- The students may use this form or may copy **ALL** the items in a new document.

I ASK YOUR VOLUNTARY HELP IN MY RESEARCH PROJECT. PLEASE, READ THE FOLLOWING INFORMATION AND, IF YOU WANT TO PARTICIPATE, I KINDLY ASK YOU TO SIGN YOUR NAME AT THE END OF THE FORM.

Project objective:
If you participate, you will have to:
Necessary time to participate:
Risks:
Benefits:
How will confidentiality be maintained?

Participation in this research is TOTALLY VOLUNTARY. If you decide not to participate, there will be no consequences. Be aware that, if you decide to participate, you can leave the research at any time, and there will be no need to explain your decision.

If you have any questions about the research, you can contact the mentor of the research:
Mentor's name:
Telephone number/e-mail:

Signing this document, I attest that I have read and understood the information above and I am giving freely consent/agreement to participate or permission to my child's participation.

Consent of an adult or minor agreement
Name of the participant in the research:
Date:
Signature:

Parental/Guardian permission (if applicable)
Father's/mother's name:
Date:
Signature:

CHECKLIST FOR ADULT SPONSOR (1)

This Form is required for ALL projects and must BE COMPLETED BY THE ADULT SPONSOR IN COLLBORATION WITH THE RESEARCH STUDENT(S), ***before experimentation.***

IRB - INSTITUTIONAL REVIEW BOARD
IACUC - INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
IBC – INSTITUTIONAL BIOSAFETY COMMITTEE

PROJECT INFORMATION
Project title:
Student(s)´s name(s):
Project research area: (According to MOSTRATEC website): Country::

ANSWER
How did the student(s) get the idea for the project?

Signing this form you state that you:
- read and understood MOSTRATEC Research Rules
- checked the Student Checklist (1A) and the Research Plan
- spoke with the student(s) about the possible risks involving the project
- are aware that the OBLIGATORY FORMS must be completed and submitted to MOSTRATEC SRC (Scientific Review Committee) and are the following:
  - Checklist for Adult Sponsor (1)
  - Student Checklist (1A) – **one for the project**
  - Research Plan
  - Approval Form (1B) – **one for each student**
  - Rules of Conduct and release – **one for the project**

ADDITIONAL FORMS will be required by the SRC according to the nature of your research. Check the item(s) that are applicable or not to your research, identifying the additional forms that must be submitted to the SRC:

Is your project a continuation? ( ) No ( )Yes, submit: Continuation Project Form (7); Research Plan(s) from previous year(s) and Student Checklist (1A)

Is your research conducted in a regulated research institution or industry? ( ) No ( ) Yes, submit: Regulated Research Institutional/Industrial Setting Form (1C)

Does your research involve human beings? ( ) No ( ) Yes, submit: Human Subjects and Informed Consent Form (4); Qualified Scientist Form (2) (if applicable and/or required by IRB (Institutional Review Board); Risk Assessment Form (3) (if applicable and/or required by IRB (Institutional Review Board).

Does your research involve vertebrates? ( ) No ( )Yes, submit: Vertebrate Animal Form (5A) – for projects conducted in a non-regulated research site; Vertebrate Animal Form (5B) – for projects conducted in a regulated research site; Qualified Scientist Form (2) (required for all projects conducted in regulated research sites or when applicable)

Does your research involve potentially hazardous biological agents? ( ) No ( )Yes, submit: Potentially Hazardous Biological Agents Form (6A); Human and Vertebrate Animal Tissues Form (6B) – to be completed along with Form 6A, when the project involves the use of tissues, primary cell culture, blood or blood products and body fluids; Qualified Scientist Form (2) (if applicable)

Does your research involve hazardous chemicals, activities or equipment? ( ) No ( )Yes, submit: Risk Assessment Form (3); Qualified Scientist Form (2) (required for all projects involving controlled substances or when applicable)

Adult Sponsor´s signature: _____
Mentor´s name:
Review date (start of the research):
Telephone: E-mail: