

Research Plan (1A)

This completed form is required for ALL projects.

Type or print all information requested.

Answer all questions and complete Research Plan Attachment (see page 28)

1) Student's Name _____ Grade _____

2) Title of Project _____

3) Adult Sponsor _____ Phone: _____ Email: _____

4) Is this a continuation from a previous year? Yes No

If Yes: a) Attach the previous year's **abstract, Research Plan 1A and Research Plan Attachment** and

b) Explain how this project is new and different from previous years on **Continuation Form (7)**

5) **This year's** laboratory experiment/data collection will begin: (must be stated (mm/dd/yy))

Projected Start Date: _____ Projected End Date: _____

ACTUAL Start Date: _____ ACTUAL End Date: _____

6) Where will you conduct your lab work? (check all that apply) Research Institution School Field Home

7) Name, address & phone of school and work site(s):

School:

Work site:

Work site:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) **All projects require completed forms: Checklist for Adult Sponsor/Safety Assessment Form (1), Research Plan (1A), Research Plan Attachment and Approval Form (1B) and may require Regulated Research Institutional/Industrial Setting Form (1C).**

Check **ALL** items that apply to your research.

The following areas require review and approval by SRC or IRB prior to experimentation :

- Humans** (requires prior IRB approval; complete Forms: Checklist, 1A, 1B, 4 [1C, 2, 3, if required])
- Vertebrate Animals** (requires prior SRC or IACUC approval, complete: Checklist, 1A, 1B, 5A or 5B [1C, 2, 3, if required])
- Pathogens** (requires prior SRC approval; complete Forms: Checklist, 1A, 1B, 2 [1C, 3, if required])
- Controlled Substances** (requires prior SRC approval; complete Forms: Checklist, 1A, 1B, 2 or 3 [1C, 2, 3 as required])
- Recombinant DNA** (requires prior SRC approval, complete Forms: Checklist, 1A, 1B [2, 3, 1C, as required])

The following areas require approval by a Designated Supervisor prior to experimentation:

- Human/Animal Tissue** (complete Forms: Checklist, 1A, 1B, 3, 6 [1C, if required])
- Hazardous Substances or Devices** (complete Forms: Checklist, 1A, 1B, 3 [1C, if required])

9) **Complete Research Plan Attachment (See page 28) and attach to this form.**

10) **An abstract is required for all projects after experimentation (see page 24).**

Research Plan Attachment

REQUIRED for ALL Projects

A complete research plan must accompany Research Plan Form (1A)

Additional pages may be attached

Student Name(s): _____

Provide a typed research plan and attach to Research Plan Form (1A).

The research plan is to include the following:

A. Question being addressed

B. Hypothesis/Problem/Engineering Goals

C. Description in detail of method or procedures (including chemical concentrations and drug dosages)

For human research, include survey or questionnaires if used, and critically evaluate the risk. See instructions for human research on p. 12 of the Rules. **For vertebrate animal research, you must briefly discuss POTENTIAL ALTERNATIVES and present a detailed justification for use of vertebrate animals.** See instructions on p. 15 of the International Rules.

D. Bibliography

List at least five major references (*e.g.*, science journal articles, books, internet sites) from your library research. If you plan to use vertebrate animals, give an additional animal care reference.

Research Plan (1A) - TEAM

This completed form is required for ALL projects.

Type or print all information requested.

Answer all questions and complete Research Plan Attachment (see page 28)

1) a) Team Leader _____ Grade _____

b) Team Member _____ c) Team Member _____

2) Title of Project _____

3) Adult Sponsor _____ Phone: _____ Email: _____

4) Is this a continuation from a previous year? Yes No

If Yes: a) Attach the previous year's **abstract, Research Plan 1A and Research Plan Attachment** and

b) Explain how this project is new and different from previous years on **Continuation Form (7)**

5) **This year's** laboratory experiment/data collection will begin: (must be stated (mm/dd/yy))

Projected Start Date: _____ Projected End Date: _____

ACTUAL Start Date: _____ ACTUAL End Date: _____

6) Where will you conduct your lab work? (check all that apply) Research Institution School Field Home

7) Name, address & phone of school and work site(s):

School: _____ Work site: _____ Work site: _____

8) **All projects require completed forms: Checklist for Adult Sponsor/Safety Assessment Form (1), Research Plan (1A), Research Plan Attachment and Approval Form (1B) and may require Regulated Research Institutional/Industrial Setting Form (1C).**

Check **ALL** items that apply to your research.

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- Pathogens** (requires prior SRC approval; complete Forms: Checklist, 1A, 1B, 2 [1C, 3, if required])
- Controlled Substances** (requires prior SRC approval; complete Forms: Checklist, 1A, 1B, 2 or 3 [1C, 2, 3 as required])
- Recombinant DNA** (requires prior SRC approval, complete Forms: Checklist, 1A, 1B [2, 3, 1C, as required])

The following areas require approval by a Designated Supervisor prior to experimentation:

- Human/Animal Tissue** (complete Forms: Checklist, 1A, 1B, 3, 6 [1C, if required])
- Hazardous Substances or Devices** (complete Forms: Checklist, 1A, 1B, 3 [1C, if required])

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