

# Human or Animal Tissue Form 1

Grades 4-8

Required for all projects using human or animal tissues, including blood, blood products, teeth, primary cell cultures, or body fluids; not required for grocery store purchases.

**NOTE: Science Pioneers Scientific Review Committee (SRC) approval required before experiment begins.**

To obtain SRC approval, e-mail ([elizabeth.i.evans@rockhurst.edu](mailto:elizabeth.i.evans@rockhurst.edu)) and attach this completed form.

Name of Student Researcher(s) \_\_\_\_\_

Title of Project \_\_\_\_\_

School and Teacher \_\_\_\_\_

**To be completed by Student Researcher** (use a separate page if necessary):

1. What tissue(s), organ(s), or part(s) will be used?
2. Where will the above tissue, organ, or part be obtained? Identify each separately and provide contact info for any research institutions, hospitals, dentists, veterinary clinics or other non-commercial business.
3. Briefly describe how the tissue(s) will be used in the experiment.
4. Identify the method of tissue disposal upon completion of the experiment

**To be completed by Science Teacher or Mentor that supervises the student (mark all appropriate boxes):**

- I verify that the student will work solely with tissues supplied by myself or other qualified personnel; students will not collect any tissues themselves.
- I certify that if vertebrate animals were euthanized (killed), it was not solely for this experiment; specific information detailing the reason for euthanasia is included in the second answer above.
- I certify that any blood, blood products, fresh tissues, or body fluids used in this project will be handled in accordance with the standards and guidance set forth in Occupational Safety and Health Act, 29CFR 1910.1030 – Blood Borne Pathogens (available on-line at [www.osha.gov/SLTC/bloodbornepathogens/index.html](http://www.osha.gov/SLTC/bloodbornepathogens/index.html)).

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Must be prior to experimentation)

Title (and Institution) \_\_\_\_\_ Phone \_\_\_\_\_

Student email: \_\_\_\_\_

**NOTE: If no return contact information is provided, approval cannot be granted for the project to begin.**

**STOP** – Once the form is completed this far, scan and send via email to [elizabeth.i.evans@rockhurst.edu](mailto:elizabeth.i.evans@rockhurst.edu) for review. The signed form will be returned (using above return contact information) to confirm approval.

**Approved by Science Pioneers Scientific Review Committee:**

SRC Chair's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Approval \_\_\_\_\_