REGENERON STS INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL FORM

Required for all research involving human participants. (Institutional Form or Intel ISEF form may be substituted.)

Student's Name:	Title of Project:
Adult Sponsor:	Contact Phone/Email:
To be completed by Student Researcher in collaborati 1. I have submitted my Research Plan which add	on with the Adult Sponsor/Designated Supervisor/Qualified Scientist: resses research methodology, participant recruitment, confidentiality and and a risk and benefit analysis for the human participants. I will be using in my project. uld use if required by the IRB.
Name:	
Email Address/Phone Number:	
Experience/Training as it relates to this project:	
ITEMS IN THIS BOX MUST BE COMPLETED TO BE VAL	ID
all areas indicated on the Human Participants secti Check one of the following:	approved at this time. IRB will attach document indicating concerns and/or
☐ Research project is Approved with the followin	-
1. Risk Level (check one):	
2. Qualified Scientist (QS) Required: ☐ Yes	□ No
3. Written Minor Assent required for minor partici ☐ Yes ☐ No	
	□ Not applicable (No minors in this study)
4. Written Parental Permission required for minor	•
☐ Yes ☐ No	□ Not applicable (No minors in this study)
5. Written Informed Consent required for subjects	•
	☐ Not applicable (No subjects 18 yrs or older in this study)
IRB SIGNATURES (All 3 signatures required) None of these ir related to (e.g., mother, father of) the student (conflict of intell attest that I have reviewed the student's project and agree of the student of the stude	
Medical or Mental Health Professional (a psychologist, psy	chiatrist, medical doctor, licensed social worker, licensed clinical professional
Printed Name	Degree/Professional License
Signature	Date of Approval
School Administrator	
Printed Name	Degree
Oins above	Date of Americal
Signature Educator (not involved with the project)	Date of Approval
Printed Name	Degree
Signature	Date of Approval