

LOUISVILLE REGIONAL SCIENCE FAIRS
PRE-APPROVAL OF RESEARCH
APPLICATION FOR LRSF
SCIENTIFIC REVIEW COMMITTEE (SRC)

LRSF form PreApp

(Revised Jan. 2010)

Type or legibly print in **BLACK** ink.

DATE OF APPLICATION: _____

Student's Name: _____ Age: _____ School Grade: _____

Home Address: _____ City: _____ State: _____ ZIP _____

Home Telephone: _____ Email Address _____

School: _____ City: _____ County: _____

School Telephone: _____ School FAX Number: _____

Title of Exhibit (Ten words or less): _____

If your project involves the use of any of the following, check accordingly:

Microorganisms

Vertebrate Animals

Human or Animal Tissue

Human Subjects

Recombinant DNA

Hazardous Biological Material

(NOTE: If none of the above applies to your project, then your project does not require IRB or SRC pre-approval in advance of your beginning your research, and you do not need to submit this form. If you later apply to compete in the Louisville Regional Science Fairs or the Kentucky Science Fairs, your project will be reviewed then by an ISEF-affiliated SRC before your project is accepted. Use the LRSF website WWW.LRSF.ORG for a link to On-Line Registration to participate in the Louisville Regional Science Fairs.)

For Teacher's signature: **I have reviewed the ISEF Rules and Guidelines for Precollege Research with this student, and his/her exhibit does require advance pre-approval of an appropriate IRB or SRC but none are known which can review the research plan and give the needed pre-approval, so I will be the Designated Supervisor of the research, and request LRSF SRC pre-approval of research for this student.**

All relevant forms required for this project by the ISEF Rules and Guidelines are attached to this Application for LRSF Scientific Review Committee Pre-Approval. (This MUST include a Research Plan. Without it we cannot assess the project.)

Teacher's Name: _____ Teacher's Signature: _____

Teacher's Phone: _____ Teacher's Email: _____

For your Parent: **Permission is given for the above student to perform the research for this project.**

Parent/Guardian Name _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

(Below reserved for the LRSF SRC to complete)

LRSF SRC Approval is granted denied (check one)

Signature: _____ Date ____/____/201__

Send to: **LRSF**
P.O. BOX 7528
Louisville, KY 40257

Conditions of Approval (if any) or reason for denial: