

Projects Using Pathogens (Disease-causing Agents) Approval Form

Student's Name: _____

Title of Project: _____

School: _____

Grade: K 1st 2nd 3rd 4th 5th

Parent's Information:

Teacher's Information:

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

Return form to the Director for approval: Dr. Lisa Sullivan at APSU PO BOX 4547, Clarksville, TN 37044
Phone: (931-221-6148); email: sullivanl@apsu.edu

NOTE: Approval is required **before the project begins**. The Director will contact the parent and/or teacher with notification of the approval.

What is the purpose of your study?

How will pathogens (disease-causing agents) be used in your study?

To be completed by Scientific Review Committee or MCSF Director prior to experimentation

- MINIMAL RISK INVOLVED - Student may proceed with project following the attached SRC recommendations.
- MORE THAN MINIMAL RISK - Student **must receive additional guidance** from SRC chair.

SRC Chair/MCSF Director Signature: _____

Date: _____

Completed form should be returned to the Director, Dr. Lisa Sullivan after SRC chair approves or disapproves.