

Bacteria Form 4 (4-8) Grades 4 – 8

Required for all projects involving bacteria (regardless of source) except for baker's or brewer's yeast.

NOTE: Seward County Community College Scientific Review Committee (SRC) approval required before experiment begins
To obtain SRC approval, fax this completed form directly to 620-417-1169.

Student's Name _____

Title of Project _____

To be completed by Student Researcher and/or Adult Sponsor (answer on attached page if needed):

1. Briefly describe the overall purpose of this study.

2. Describe specifically how the bacteria will be used or how they will be collected from the environment. If bacteria are to be purchased, identify the source and the specific type of bacteria.

3. Identify who will supervise the student and the specific location(s) at which the bacteria will be used. Bacterial may not be cultured (grown) in a home environment, only in an appropriate space at school or in a laboratory.

4. Identify the procedures to be used to minimize risk, including the method of disposal when the study is done. Acceptable methods of disposal include sterilization (autoclaving) and appropriate disinfection with bleach.

All Signatures Required Prior to Start of Research Project

Student Researcher's Printed Name	Signature	Date Signed
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Science Teacher's Printed Name	Signature	Date Signed
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Parent or Guardian's Printed Name	Signature	Date Signed
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STOP – Once the form is completed this far, send via FAX to 620-417-1169. After approval, the completed form will be returned via FAX (be sure to include a return FAX number) for inclusion in the project.

Approved by Seward County Community College Scientific Review Committee

SRC Chair's Printed Name	Signature	Date of Approval
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