Human or Animal Tissue Form 1 (4-8)
Grades 4 – 8

Required for all projects using human or animal tissues, including blood, blood products, teeth, primary cell cultures, or body fluids.

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 (use a separate page if necessary):

1. What tissue(s), organs (s), or part(s) will be used?

2. Where will the above tissue, organ, or part be obtained? Identify each separately and provide contact information for 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 http://www.gpoaccess.gov/cfr/index.html).

_____	_____	_____
Printed Name	Signature	Date Signed (Must be prior to experimentation)
_____		_____
Title (and Institution)		Phone

STOP – Once the form is completed this far, send via FAX to the SRC (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 (FAX 620-417-1169):

_____	_____	_____
SRC Chair's Printed Name	Signature	Date of Approval