

CERTIFICATION OF TISSUE SAMPLE SOURCE

NAME OF ENTRANT (LAST NAME, FIRST)	
NAME OF SCHOOL	DISTRICT
PROJECT TITLE	

This form must be completed for all projects using tissue(s), organ(s), human part(s), or animal parts, including blood.

Note: Human blood and blood products and tissues must be documented as free of Acquired Immune Deficiency Syndrome (AIDS) and hepatitis prior to the student receiving the tissue.

When live or preserved tissue samples or parts of human or vertebrate animals are obtained by the student from an institution or biomedical scientist, a statement signed by the adult providing the tissue is required. *Students may not be involved in the direct acquisition of these samples from living human or vertebrate animals.*

Live tissue samples must be:

- a) from a continuously maintained tissue culture line already available to institutional researchers. or
- b) from animals already being used in an on-going institutional research project.

RESEARCH PLAN

1. Tissue(s), organ(s), or part(s) used: _____

Tissue sample is from: (check appropriate box)

() Human Source () Vertebrate Animal Source

Genus, species and common name: _____

2. Starting Date _____

3. Purpose of Project _____

4. List objectives of the experiment and describe fully the methods and techniques involved (must be typed):

SIGNATURE OF STUDENT BELOW

DATE SIGNED

CERTIFICATION

PRINT NAME OF PERSON CERTIFYING SAMPLES BELOW

TITLE OF PERSON

NAME OF INSTITUTION OR COMPANY THAT IS SOURCE OF TISSUE SAMPLE

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

I certify that the above listed materials were provided by me or my institution and that the student listed was not involved in the direct acquisition of the samples provided or purchased.

SIGNATURE OF PERSON CERTIFYING SAMPLES

DATE SIGNED

TELEPHONE NUMBER OF PERSON