NEOSEF - Form 1E (required by all applicants)

Copy this page for your Student

INSTRUCTIONS: This form must be submitted by all applicants. Answer the questions as appropriate in each section. If your research did not involve the topic matter of that section, you must still answer "No" to the first question in that section.

Student's Name _____ School _____

Section 11. Did your project involve any microorganisms, such as bacteria, mold or viruses?

☐ Yes ☐ No A.) Did you grow or test commercially available microorganisms (bacteria, mold or viruses)?

☐ Yes ☐ No B.) Did you grow or test samples taken from a person (examples: hands, saliva, etc.), your household (examples: door knobs, cheese, bread, etc.) or your environment (examples: water, dirt, etc.) that you believed could possibly be contaminated with microorganisms?

➡ ***If you checked "NO" for both questions, STOP HERE and go to SECTION 12.***

➡ ***If you checked "YES" for either question, continue to answer the questions in this section.***

Microorganisms are no longer allowed to be cultured in the home. You must grow microorganisms at an institution under proper supervision. Please indicate the type of microorganism that was used in your project (if it was grown from a sample taken from the environment, indicate the type as unknown), the institution/facility that was used to culture the microorganism and who supervised the experiment.

☐ Bacteria ☐ Mold ☐ Virus Type: _____

Institution: _____

Supervisor Name: _____ Supervisor Signature: _____

Section 12. Did your project involve any potential hazards?

Did your project involve any of the following hazards? *(Check all of the following hazards that were used in your project. If a hazard is not found in the list below, please check other and enter a brief description.)*

☐ **NO HAZARDS**	☐ Controlled Substances *	☐ Dangerous Machinery	☐ Fire
☐ Fire Arms/Explosives	☐ Flammable Liquids	☐ Radioactivity/Radiation *	☐ Strong Acids/Bases
☐ Toxic Chemicals	☐ Weapons/Knives	☐ Other _____	

➡ ***If you checked "NO HAZARDS", STOP HERE and go to SECTION 13.***

If your project used any of the above hazards that are indicated by an asterisk (*), you must complete the Qualified Scientist/Engineer Form (FORM 2) and the Medical/Research/Industrial Setting Form (FORM 2). For all other hazards, provide a description of the hazard, and the name and signature of the person that supervised your work.

Description of Hazard: _____

Supervisor Name: _____ Supervisor Signature: _____

Section 13. Did you do your research in a setting other than your home or school?

☐ Yes ☐ No Did you perform your research in a medical or research institution, a university or at an industrial facility (aside from your home or school)?

➡ ***If you checked "YES", you must complete the Medical/Research/Industrial Setting Form (FORM 2).***

If you have any questions about a project using microorganisms, please contact
Dr. Nancy DiIulio at 216-368-2542 or at nad3@case.edu.