PROPOSAL FORM FOR HIGH SCHOOL STUDENT TO CONDUCT RESEARCH OR WORK IN A RUTGERS, NEW JERSEY MEDICAL SCHOOL RESEARCH LABORATORY

PLEASE TYPE ALL INFORMATION

☐ New Submission  ☐ Re-submission  Date Submitted: __________________________

Student’s Last Name: __________________________  Student’s First Name: __________________________

Current School & Grade: __________________________

Student’s date of birth (must be 16 years of age on start date): __________________________

Campus/Bldg/Rm where student will be working: __________________________

Anticipated hours/week: __________________________  Concluding Date: __________________________

Starting Date: __________________________

Give a detailed description of the student’s research project. Include copies of methodology for procedures the student will use. Use extra sheets if necessary.

List the materials used in your lab. Include types of chemicals, biological agents, and radiological materials*:

Please describe any direct involvement the student might have with the listed materials.

*All students must take radiation safety training at the earliest possible time after they have started work – unless the student is working in a laboratory that uses radioactive materials, in which case this training must be done before work in the lab starts. All students must take EOHSS initial Laboratory Safety/Biosafety Training before beginning work in the laboratory. Note: Significant changes in the activities or scope of work will require re-submission and re-authorization.
What lab equipment will the student use?

Please describe the student’s past lab science courses, lab experience, etc.

Who will be responsible for direct day-to-day supervision of the student? List their name, title and contact information.
(NOTE: This person cannot be the PI)

Has the completed **High School Form** and **Parental Consent & Insurance Form** been sent to the Research Office?  Yes ☐  No ☐ (This must be done before the laboratory, biosafety or radiation safety committees reviews this proposal form)

By signing below, I am certifying that a trained adult will be in the laboratory with the student at all times. (A trained adult means a laboratory employee, graduate student or post-doc who is up to date on all safety training requirements.) The high school student will complete required safety training (see bottom of page 1 of this form). Additionally, the student will not use or have access to infectious agents, primary human materials (e.g. human blood or patient samples), toxic chemicals and/or radioactive materials not listed on this form.

**Sponsoring Faculty Member**

Name________________________________________

Signature____________________________________

Room & Building_____________________________

Department__________________________________

**Department Chair**

Name________________________________________

Signature____________________________________

Room & Building_____________________________

Department__________________________________

Please send this completed form to your school’s Research Office:

**Rutgers, New Jersey Medical School**
Office of Research and Sponsored Programs
185 South Orange Avenue
Medical Science Building, C-690
Newark, NJ 07103-2757
Phone: (973) 972-7090
Fax: (973) 972-3585
Email: giovanna.comer@rutgers.edu

**Rutgers, Robert Wood Johnson Medical School**
Office of Research and Sponsored Programs
675 Hoes Lane, Room R109
Piscataway, NJ 08854-8021
Phone: (732) 235-4687
Fax: (732) 235-5534

**Rutgers, Robert Wood Johnson Medical School–Camden**
Office of Research Administration
401 Haddon Avenue, Suite 150
Camden, NJ 08103
Phone: (856) 757-7877
Fax: (856) 757-7735

April 2014
Use this page if you need extra space to answer any of the questions