REVIEW FORM (1)

SAFETY AND ETHICS REVIEWS AND AUTHORIZATIONS TERM

Project title:		
	Planned end date:	
Area:	Number of Members: 1 ()	2()3()
STUDENT REVIEW DECLARATION		
	e of the possible risks of the research as proposed in th	ne Research
	easures. I (we) am (are) aware that scientific fraud, pla	
•	that they may disqualify the project at any time.	0 . , , , , , , ,
Student 1:	Signature:	
	Signature:	
Student 3.	Signature:	
Research coordinator student email:	Cell phone:	
TERM OF REVIEW AND AUTHORIZATION OF LEG	GAL RESPONSIBLE FOR MINORS OF AGE	
I (we) declare that I (we) have read the	Research Plan prepared by my child, I am aware of the	e possible risks
of carrying out the research, as well as the safet	ty and ethical measures to be adopted. I authorize my	child to
execute it.		
Student 1:	Signature:	
Student 2:	Signature:	
Student 3:	Signature:	
GUIDANCE REVIEW AND APPROVAL	an investment by the students and resistant the sec	fato and athins
	an presented by the students and reviewed the sa rimental procedures. The methodology adequately	•
materials, methods, possible risks and protectiv		describes the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
() the student(s) has (have) adequate training proposed;	g in handling the materials, equipment and procedures	S
() the student(s) DOES (DO) NOT have add	equate training and/or legal qualification to perform	m some of the
proposed procedures alone, being necessa	ry, in these steps, the direct monitoring of the following	ng
DESIGNATED SUPERVISOR:	Signature:	
Check the items that are used in your rese	earch:	
() Human beings () Vertebrate animals		
() Hazardous chemicals, activities or equipme	nt () Substances controlled by law	
MENTOR:	Signature:Dat	e: