

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Hannah Farley Grade: 12  
Email: hannah.farley@yorktown.org Phone: (845)745-8872  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
The Characterization of GNA11/GNAQ Inhibitors in Uveal Melanoma Treatment
3. School: Yorktown High School School Phone: (914)243-0561  
School Address: 2727 Crompond Road  
Yorktown Heights, NY, 10598
4. Adult Sponsor: Michael Blueglass Phone/Email: yorktownhusker@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 7/03/2019
6. Is this a continuation/progression from a previous year? ☒ Yes ☐ No  
If Yes:  
a. Attach the previous year's ☒ Abstract and ☒ Research Plan/Project Summary  
b. Explain how this project is new and different from previous years on  
☐ Continuation/Research Progression Form (7)
7. This year's laboratory experiment/data collection:  
07/03/2019 09/02/2019  
Actual Start Date: (mm/dd/yy) End Date: (mm/dd/yy)
8. Where will you conduct your experimentation? (check all that apply)  
☒ Research Institution ☐ School ☐ Field ☐ Home ☐ Other: \_\_\_\_\_
9. List name and address of all non-home and non-school work site(s):  
Name: Mount Sinai Icahn School of Medicine  
Address: 1 Gustave L. Levy Place New York, NY, 10029  
Phone/  
email (212)-241-6696
10. Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.
11. An abstract is required for all projects after experimentation.