

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Tristan Tran Grade: 12
Email: ttranman77@gmail.com Phone: (631) 416-0423
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Examining the Paracrine Effects of Adipose-Derived Mesenchymal Stem Cells in a Bovine Model of Osteoarthritis
3. School: West Islip High School School Phone: (631) 893-3250
School Address: 1 Lions Path, West Islip, NY 11795
4. Adult Sponsor: Mary Kroll Phone/Email: (631)893-3250/m.kroll@wi.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/26/19
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:
06/27/19 08/30/19
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: Feinstein Institute for Medical Research
350 Community Dr.
Address: Manhasset, NY 11030
Phone/
email (973) 508-9680/dli5@northwell.edu
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.