

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Vyom Shah Grade: 11  
Email: shahvyomb@gmail.com Phone: 516-815-2366  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Linking Diet and Cancer: Arachidonic Acid Augments Canonical Wnt Signaling to Enhance Stemness
3. School: Jericho High School School Phone: (516) 203 3600  
School Address: 99 Cedar Swamp Road, Jericho NY 11753
4. Adult Sponsor: Dr. Serena McCalla Phone/Email: mccallaresearch@gmail.com 516 203-3600 X3618
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 7/1/2019
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:  
7/2/2019 11/27/2019  
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: Cold Spring Harbor Laboratory  
1 Bungtown Road,  
Address: Cold Spring Harbor NY 11724  
Phone/  
email: (516) 367-8800 / beyaz@cshl.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.