

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Asha Rath Grade: 11
 Email: asha.rath@yorktown.org Phone: (914) 320-1765
 b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Assessing the Pathological Effect of Maternal Malnourishment and Fetuin-B on Placental Tissues
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: 7/02/19
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:
07/02/19 08/16/19
 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: New York Medical College
 Address: 40 Sunshine Cottage Road
Valhalla, NY 10595
 Phone/ email: (914) 594-4000
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.