

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Nabiha Subzwari Grade: 12
 Email: nabihasubzwari@yahoo.com Phone: (516) 815-2492
 b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Identifying Functional Disease Drivers in Lupus Nephritis Associated with Glomerular Remodeling
3. School: Valley Stream South High School School Phone: (516) 791-0300
 School Address: 150 Jedwood Place
Valley Stream, NY 11581
4. Adult Sponsor: Jeffrey Hsi Phone/Email: jeffhsi@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/27/2019
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:

<u>06/27/2019</u>	<u>10/20/2019</u>
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: <u>Angion Biomedica Lab Corp.</u>	
Address: <u>51 Charles Lindbergh Blvd.</u>	
<u>Uniondale, NY 11583</u>	
Phone/ email: <u>(516) 326-1200</u>	
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.**