Student Checklist (1A)
This form is required for ALL projects.

1. a. Student/Team Leader: __Noah Kava__   Grade: __12__

   Email: __noahkava.asr@aol.com__   Phone: __(516)-637-8858__

   b. Team Member: _____   c. Team Member: _____

2. Title of Project:

   __Osteopontin and Lupus Nephritis__

3. School: __John F. Kennedy High School__   School Phone: __(516)-992-1400__

   School Address: __3000 Bellmore Avenue__

   __Bellmore, New York; 11710__

4. Adult Sponsor: __Barbi Frank__   Phone/Email: __(516)-965-1524 / bfrankbio@gmail.com__

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☑ No Tentative start date: __07/08/19__

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:

   __08/07/19__   __09/01/19__

   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: __NYU Langone Health Science Building__

   Address: __435 East 30th Street (5th Floor)__

   __New York, New York__

   Phone/email __(646)- 501- 4360 / Timothy.Niewold@nyulangone.org__

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.**