

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Catherine Kim Grade: 11
Email: cathy.kim@jerichoapps.org Phone: 516-519-4177
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Co-administration of Atorvastatin Blocks CYP3A4: Exacerbated Risk of Interstitial Lung Disease
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: 516-203-3600 X3618 / smccalla@jerichoschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 06/28/19
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:
07/01/19 08/28/19
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: Columbia University
Department of Biomedical Informatics
Address: 622 West 168th St. PH20 New York, NY 10032
Phone/
email: 212-305-9104 / nick.tatonetti@columbia.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.