

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Suhana Singh Grade: 12
Email: suhana.singh841@gmail.com Phone: (516) 443-0013
b. Team Member: _____ c. Team Member: _____
2. Title of Project: Neonate Outcome From Mothers With Brain-Reactive Antibodies
3. School: North Shore High School School Phone: (516) 277-7000
School Address: 450 Glen Cove Avenue, Glen Head
4. Adult Sponsor: Dr. Mordechai Phone/Email: mordechai.m@northshore
schools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 6/4/19
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:
6/4/19 9/1/19
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: Feinstein Institutes for
Address: Medical Research
(718) 470-8358
Phone/email: dgruber1@northwell.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.