

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Jingyue (Oliver) Zhang Grade: 12th  
Email: jingyueoliverzhang@gmail.com Phone: 5164695079  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Treating Post-HIV Infection Through Molecular Target of HIV TAT and PKC Regulation with Berberine and Curcumin
3. School: Great Neck South High School School Phone: 5164414800  
School Address: 341 Lakeville Rd, Lake Success, NY, 11020
4. Adult Sponsor: Dr. Wei Zhu Phone/Email: zhuw@oldwestbury.edu
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: \_\_\_\_\_
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:  
07/10/19 09/20/19  
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: SUNY Old Westbury  
233 Store Hill Rd.  
Address: \_\_\_\_\_  
Phone/ \_\_\_\_\_  
email \_\_\_\_\_
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.