

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Pardiss Mehrzad Grade: 12  
Email: pmehrzad2002@gmail.com Phone: 6468232351  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project: The Effects of Chronic Insulin Exposure on Triglyceride Transfer Protein (MTP) Activity and Exposure in Adipocytes
3. School: Syosset High School School Phone: 5163645675  
School Address: 70 S Woods Road, Syosset, NY, 11791
4. Adult Sponsor: Ms. Veronica Ade Phone/Email: vade@syossetschools.org  
9/13/19
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:  
09/03/19 10/9/19  
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 Research Building  
Address: 101 Mineola Blvd, Mineola, NY 11501  
Phone/ email: 516-663-2706
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.