

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Elizabeth Korn Grade: 12
Email: lizzienk33@gmail.com Phone: 516-493-8124
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Gel and Electric Field-Based Desorption of DNA from PMMA-Coated Silicon Surfaces to Optimize Sequencing
3. School: Plainview-Old Bethpage John F. Kennedy School Phone: 516-937-6371
School Address: 50 Kennedy Dr, Plainview, NY 11803

4. Adult Sponsor: Rohe Sheikh Phone/Email: rsheikh@pobschools.org 5164348420
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 08/07/19
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: Stony Brook University _____
Address: 100 Nicolls Rd, Stony Brook, NY 11794 _____

Phone/ email: 631-632-6000 jonathan.sokolov@stonybrook.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.**