

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Giselle Rasquinha Grade: 11  
Email: glr@outlook.com Phone: 516-469-9451  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Lipid Conjugation Yields Novel HIV-1 fusion Inhibitor that Demonstrates Improved Efficacy and Prolonged Serum Half-life
3. School: Syosset High School School Phone: 516-364-5600  
School Address: 99 Pell Lane Syosset, NY 11791
4. Adult Sponsor: Ms. Veronica Ade Phone/Email: VAde@syossetschools.org
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:  
July 01 2019 December 31 2019  
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: Lindsley Kimball Research Institute  
310 E. 67th St.  
Address: New York, NY 100065  
Phone/  
email: ldu@nybc.org
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.