## Student Checklist (1A) This form is required for ALL projects.

1	- C+.	Seunguk (John) Baek			Gra	do	12th		
1.	a. Student/Team Leader:						irade:	516-672-3210	
						c. Team Member:			
2.	Title of Project: The Evaluation of the Therapeutic Potential of Orlistat in a Mouse Model of HHT								
2	Scho	Herricks High School School:100 Shelter Rock Rd, New Hyde			516-305-8700 School Phone:				
J.	Scho				d, New Hyde	de Park, NY 11040			
						-		-	
4.	Adul	t Sponsor:	Renee Ba	arcia		_ Phone/Emai	l:	16-305-8828/r.barcia@gmail.com	
5.	Does	oes 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?								
	<ul> <li>a. Attach the previous year's   Abstract and   Research Plan/Project Summary</li> <li>b. Explain how this project is new and different from previous years on</li> <li>Continuation/Research Progression Form (7)</li> </ul>								
7.	This	This year's laboratory experiment/data collection:							
	6/25	5/2019		1		8/28/2019			
	Actual Start Date: (mm/dd/yy)					End Date: (mr	End Date: (mm/dd/yy)		
8. Where will you conduct your experimentation? (check all that apply)									
•		esearch Inst	•	•	☐ Field	☐ Home		Other:	
9. List name and address of all non-home and non-school work site(s): Feinstein Institute for Medical Research									
Nar	ne:	350 Community Drive, Manhasset, NY							
Address:		11030							
Phone/ email`		516-562-3493/pmaramba@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.