

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

1. a. Student/Team Leader: Emily Awad Grade: 12  
Email: emilyeawad@gmail.com Phone: 516-304-1451  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project: Effect of Extracellular vesicles on Caco-2 cell  
Differentiation using transepithelial Electrical Resistance  
as Endpoint.
3. School: Lynbrook High School School Phone: (516) 887-0200  
School Address: 9 Union Avenue  
Lynbrook, NY, 11563
4. Adult Sponsor: David Shanker Phone/Email: david.shanker@lynbrook  
schools.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:  
7-15-19 8-23-19  
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 Long Island School  
of Medicine  
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