

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Hammad Hassan Grade: 12th  
Email: hhassan0705@students.ossiningufsd.org Phone: (914)434-9914  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Targeted inhibition of a novel MALT1 and MAPK signaling network synergistically sup
3. School: Ossining High School School Phone: (914)762-5760  
School Address: 29 S Highland Ave, Ossining, NY 10562
4. Adult Sponsor: Valerie Holmes Phone/Email: vholmes@ossiningufsd.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 4/12/20
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:  
07/02/19 08/29/19  
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: Weill Cornell Medicine  
Address: 413 E 69th St, New York, NY 10021  
Phone/ email: (212) 896-0455
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.