

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Juliane Baco Grade: 12
Email: Julesb825@gmail.com Phone: 1 (516) 384-6241
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Assessing the crosstalk between CD47 and SIRPα and its role in modulating tumor cell
3. School: Massapequa High School School Phone: 1 (516) 308-5900
School Address: 4925 Merrick Rd, Massapequa, NY, 11762
4. Adult Sponsor: Dr Paul Heseltnier Phone/Email: 516-476-5135/Demarksell@aol.com
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:

| | |
|-------------------------------|----------------------|
| <u>07/07/2019</u> | <u>08/23/2019</u> |
| 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: Memorial Sloan Kettering Cancer Research Center
417 E 68th St, New York, NY 10065
Address: _____
(212) 639-2000
Phone/ email: @mskcc.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.