

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Nancy Luo Grade: 12
 Email: nancy.luo@yorktown.org Phone: 3476541789
 b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Electrostatic Targeting of Feraheme Using Doxorubicin Conjugates for Prostate Cancer
3. School: Yorktown High School School Phone: 9142430561
 School Address: 2727 Crompond Road
Yorktown Heights NY 10598
4. Adult Sponsor: Michael Blueglass Phone/Email: 9142430561
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:
07/03/19 08/16/19
 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: Memorial Sloan Kettering Cancer Center
 Address: 417 E 68th St
New York, NY 10065
 Phone/ email: 2126392000
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.