

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Kimberly Liao Grade: 12
Email: kimberlyliao02@gmail.com Phone: 631-338-5547
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Identification of a Model Agnostic Disease Driver in Non-alcoholic Steatohepatitis; Implications for Drug Development
3. School: Commack High School School Phone: 631-912-2100
School Address: 1 Scholar Lane, Commack, NY 11725
4. Adult Sponsor: Prakash Narayan Phone/Email: pnarayan@angion.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 6/27/19
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:
7/3/19 11/20/19
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: Angion Biomedica Corp.
Address: 51 Charles Lindbergh Blvd, Uniondale, NY 11553

Phone/ email: 516-326-1200
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.**