

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Jonathan Leung Grade: 12th Grade  
Email: jonathanleung662@gmail.com Phone: 9178555342  
b. Team Member: n/a c. Team Member: n/a
2. Title of Project:  
Detection of Amyloid Plaques Targeted by USPIOs and ARIA Evaluation in a Non-Human Primate Model of Sporadic Cerebral Amyloid Angiopathy (CAA)
3. School: Herricks High School School Phone: (516) 305-8700  
School Address: 100 Shelter Rock Rd, New Hyde Park, NY 11040  
United States of America
4. Adult Sponsor: Renee Barcia Phone/Email: r.barcia@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date: 07/08/19
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:  
07/08/19 08/30/19  
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 Langone Science Building 1023H  
435 East 30th Street  
Address: New York, NY 10016  
Phone/  
email 212-263-7528
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.