

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Rhea Rasquinha Grade: 11
Email: rdrasq@gmail.com Phone: 917-680-8910
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Determining the Kinetics of IRF4 and IRF5 Expression During B- and T-Cell Activation
3. School: Herricks High School School Phone: 516-305-8700
School Address: 100 Shelter Rock Road
New Hyde Park, NY 11040
4. Adult Sponsor: Betsy J. Barnes Phone/Email: 516-562-0434/bbarnes1@northwell.edu
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 07/01/19
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:
07/01/19 08/28/19
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: The Feinstein Institute for Medical Research
350 Community Drive
Address: Manhasset, NY 11030
Phone/ email: 516-562-3467
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.