

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Saba Gultar Grade: 12
 Email: gultarsaba@sewanokeschools.org Phone: (516)-661-7222
 b. Team Member: Teresa Duong c. Team Member: -
2. Title of Project:
Evaluating the viability of skin amniotic through a comparison of the contraction of collagen hydrogels prepared using extrusion based printing and traditional skin-grafting methods
3. School: New Hyde Park Memorial High School School Phone: (516)-488-9500
 School Address: 500 Leonard Boulevard, New Hyde Park, NY 11040
4. Adult Sponsor: Mrs. Angela Stone Phone/Email: 516-488-9530 / astone@sewanokeschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 7/4/19
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:
07/04/2019 08/09/2019
 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: Stony Brook University
 Address: 100 Nicolls Rd, Stony Brook
NY 11794
 Phone/email: (631) 632-6000 / -
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.