

## Student Checklist (1A)

**This form is required for ALL projects.**

1. a. Student/Team Leader: Arpie Bakhshian Grade: 12th Grade  
Email: arpie02@gmail.com Phone: (516) 668-9492  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
The Development of a CRISPR/Cas9 System with Nanoblades in Order to Study IBD-Related Gene
3. School: Lynbrook Senior High School School Phone: 516-887-0200  
School Address: 9 Union Avenue  
Lynbrook, NY, 11563
4. Adult Sponsor: David Shanker Phone/Email: 1(516) 672-2419/David.Shanker@lynbrookschoools.org
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:  
07/01/19 08/20/19  
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: Jill Roberts Institute for Research in Inflammatory Bowel Disease  
Weill Cornell Medicine  
Address: 413 East 69th Street New York, NY 10021  
Phone/ email: http://robertsinstitute.weill.cornell.edu
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.**