

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sari Strizik Grade: 12
Email: sestrizik@gmail.com Phone: (631) 988-7967
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Neuronal HMGB1 Faciliatates the Inflammatory Response via Increased Release of Proinflammatory Cytokines
3. School: Half Hollow Hills High School East School Phone: (631) 592-3100
School Address: 50 Vanderbilt Parkway Dix Hills, NY 11746
4. Adult Sponsor: Dr. Michael Lake Phone/Email: (631) 592-3100/mlake@hhh.k12.ny.us
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:
7/01/19 8/14/19
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
Address: 350 Community Drive 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.