

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Poojan Pandya Grade: 12
 Email: poojanpandya01@gmail.com Phone: 5163307287
 b. Team Member: Leo Takemaru c. Team Member: _____

2. Title of Project:

CCDC11 Acts as a Scaffold to Assemble the ESCRT Membrane-Scission Machinery at Viral Budding Sites for HIV-1 Release: Identifying a Novel Therapeutic Strategy for Antiviral Therapy

3. School: Half Hollow Hills HS West School Phone: 6315923200
 School Address: 375 Wolf Hill Rd.
Dix Hills, NY 11746

4. Adult Sponsor: Michael Lake Phone/Email: 6315923142

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/01/19

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:

06/01/19

Actual Start Date: (mm/dd/yy)

01/01/20

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
100 Nicholls Rd. BST-7-182
 Address: Stony Brook, NY 11790
 Phone/ email: 6316381285 / feng-qian.li@stonybrook.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.