

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Jason Linzer Grade: 12
Email: jtl899201@gmail.com Phone: 516-712-4538
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Examining P53 Mutant Triple Negative Breast Cancer Cell Viability and Sphingosine Kinase 1 in Response to CHK1 Inhibitor and Doxorubicin
3. School: Seaford Senior High School School Phone: 516-592-4300
School Address: 1575 Seamans Neck Rd, Seaford, NY 11783
4. Adult Sponsor: Mary Simons Phone/Email: 631-245-0381 / msimons@seaford.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 7/15/2019
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:
7/15/2019 8/31/2019
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: The Stony Brook Lipid Cancer Lab
Stony Brook Medicine 101 Nicolls Road
Address: Stony Brook, NY 11794
Phone/
email: 631-689-8333
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.