

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Mansi Kothari Grade: 12
Email: mansibkothari@gmail.com Phone: 631-804-6901
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
The Effects of Global Knockdown of Cytochrome C Oxidase Assembly Protein (Sco2) in Diabetic Kidney Disease
3. School: Plainview-Old Bethpage John F. Kennec School Phone: (516) 937-6371
School Address: 50 Kennedy Dr, Plainview, NY 11803
4. Adult Sponsor: Rohe Sheikh Phone/Email: rsheikh@pobschools.org/516-434-6387
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:
6/27/19 8/30/19
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: Stony Brook University
Address: 100 Nicolls Rd, Stony Brook, NY 11794
Phone/ email: (631) 632-6000 / jessica.vasquez1@stonybrookmedicine.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.