

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Miles Kim Grade: 12
Email: milesminsu@gmail.com Phone: 6315214203
b. Team Member: Benjamin Alexander c. Team Member: _____

2. Title of Project: _____
Necrosis, Non-Enhancing, and Enhancing Tumor Features of Glioblastoma Tissue for Prediction of Overall Survival and Progression Free Survival

3. School: Half Hollow Hills HSW School Phone: (631) 592-3200
School Address: 375 Wolf Hill Rd, Dix Hills, NY 11746

4. Adult Sponsor: Michael Lake Phone/Email: (631) 592-3142

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:

10/15/19

12/01/19

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 Hospital
101 Nicolls Rd, Stony Brook, NY 11794

Address: _____

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.