

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Anushka Rajagopalan Grade: 12
Email: anushka442@gmail.com Phone: 6315615994
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Determining the influence of stent deployment on thrombus formation in patient-specific models
3. School: Ward Melville High School School Phone: 6317304900
School Address: 380 Old Town Road, East Setauket, NY, 11733
4. Adult Sponsor: Dr.Marnie Kula Phone/Email: mkula@3villagecsd.org / 6317304929
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:
1/07/19 11/06/19
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 Hospital
101 Nicolls Road, Stony Brook, NY
Address: _____
Phone/ email: 6316898333
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.