

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Michelle Li Grade: 12
Email: li.michelle.2020@gmail.com Phone: 646-915-2121
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Linarin and Luteolin Elicit Anti-A β Cytotoxicity and Inflammation Properties as Novel Treatments for Alzheimer's Disease
3. School: Syosset High School School Phone: 516-364-5675
School Address: 70 South Woods Road
Syosset, NY 11791
4. Adult Sponsor: Veronica Ade Phone/Email: 516-364-5707 / vade@syossetschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 07/08/19
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:
07/08/19 08/22/19
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: SUNY Old Westbury
223 Store Hill Road
Address: Old Westbury, NY 11568
Phone/ email: 516-455-8438 / zhuw@oldwestbury.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.