

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ayra Khan Grade: 12
Email: ayrafk2012@gmail.com Phone: 516-695-8823
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Specific Dinucleotide Repeat siRNAs Decrease Proliferation and Viability of Human Ovarian Carcinomas
via a DISE-dependent mechanism
3. School: Half Hollow Hills High School East School Phone: 631-592-3100
School Address: 50 Vanderbilt Pkwy, Dix Hills, NY 11746
4. Adult Sponsor: Michael Lake Phone/Email: 631-592-3142/mlake@hhh.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 7/1/19
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:
7/1/19 8/16/19
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: Northwestern University
Feinberg School of Medicine
Address: 303 E. Superior St Chicago IL 60611
Phone/ email: 312-503-1291 m-peter@northwestern.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.