
Page 1

Q1 Faculty Information:

Last name: **Lane**
First name: **Michael**
Faculty Position: **Assistant Professor**
Department: **Neurobiology**
Institution: **Drexel**
Phone: **2159918890**
Email Address: **mlane.neuro@gmail.com**

Q2 Type of Research? **Basic Science Research**

Q3 Please describe your research interests:

Spinal cord injury
Neuroplasticity
Neuro rehabilitation and training
Cell transplantation

Q4 Please provide a brief description of research opportunity/project(s):

1) Title of project(s): **Cell transplantation to repair the injured cervical spinal cord**
Brief Description: **Students will work with graduate (PhD) students to use anatomical and functional outcome measures, to assess transplant efficacy**
Duration: **Ongoing**
Time commitment: **Negotiable, but students need to invest several consecutive hours, minimum 2 days per week**
Funded or unfunded (yes or no): **Yes**

Medical Student Research Opportunities

Q5 Please indicate the specific level of experience required, if applicable:

Open to all medical students
