



# Genetic Education Center - High School Request Form

\*Group size is limited to 32 students.

## Teacher Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Planning period time: \_\_\_\_\_

## School Information

School and District: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

School phone: \_\_\_\_\_

**Date Preference:** The Genetic Education Center is available for Tuesday, Wednesday, Thursday, or Friday visits.

First date choice: \_\_\_\_\_ Second date choice: \_\_\_\_\_ Third date choice: \_\_\_\_\_

Class grade level:  CP Biology  Honors Biology  AP/IB Biology  Other (specify) \_\_\_\_\_

Number of students attending: \_\_\_\_\_

Will any student require special services/wheelchair accommodations?  No  Yes - please specify \_\_\_\_\_

**Requested Activity** Please refer to the Module List to select the most appropriate activity for student level. *Please note that times on the list for each activity reflect the minimum time to complete.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Gel Electrophoresis with Dyes      | <input type="checkbox"/> Intro to Techniques               | <input type="checkbox"/> CRISPR in Treatment of CF         |
| <input type="checkbox"/> Microarray - Cancer                | <input type="checkbox"/> Karyotypes and Genetic Disorders  | <input type="checkbox"/> Bobby Dunbar Mystery              |
| <input type="checkbox"/> Florida Man                        | <input type="checkbox"/> Detecting GMOs __ 60 min __90 min | <input type="checkbox"/> Mad Cow Disease 60 min 90 min     |
| <input type="checkbox"/> Char. of Inheritance (Blood Types) | <input type="checkbox"/> Mystery of the Crooked Cell       | <input type="checkbox"/> Muscular Dystrophy                |
| <input type="checkbox"/> Name that Disorder                 | <input type="checkbox"/> Cancer Family Tree                | <input type="checkbox"/> You Are What you Eat (Folic Acid) |
| <input type="checkbox"/> Mitochondrial DNA Analysis*        | <input type="checkbox"/> What's My Genotype?*              | <input type="checkbox"/> XL Inheritance - Rett Syndrome    |
| <input type="checkbox"/> Cells of the Brain                 |  |  |

\* Requires an \$8 pp fee for supplies

Please return this form to Dr. Leta Tribble by email (LMT@ggc.org), fax (864-388-1062), or mail (Greenwood Genetic Center - Mobile Lab, 101 Gregor Mendel Circle, Greenwood, SC 29646).

For any questions, please reach out to us at 864-943-4170.