



Gene Machine and Helix Express - High School Request Form

*Group size is limited to **24** students on the Gene Machine or **32** students for the Helix Express.

Teacher Information

Name: _____
Phone: _____
Email: _____
Planning period time: _____

School Information

School and District: _____
Address: _____
City, Zip: _____
School phone: _____

Staff will arrive 30 minutes before the first class to set up. For overnight trips or single-day trips within 80 miles of GGC, the first class can begin at 9:00am. For single-day trips of >80 miles from GGC, the first class may begin as early as 9:30am.

Date Preference: The mobile labs are available for Tuesday, Wednesday, or Thursday visits.

First date choice: _____ Second date choice: _____ Third date choice: _____

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

Class time available: 50 minutes 90 minutes (block) Other - please specify _____

Will any student require special services or a wheelchair lift? No Yes - please specify _____

Vehicle preference: Gene Machine - bus Helix Express - van

Requested Activity (max of two different activities per visit). Please refer to the [Module List](#) to select the most appropriate activity for student level and available time.

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| <input type="checkbox"/> Gel Electrophoresis with Dyes | <input type="checkbox"/> Intro to Techniques | <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"/> NEW! Mystery of the Corn Destroyer |
| <input type="checkbox"/> NEW! Sasha the Cat's Genetic Disguise | <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"/> CRISPR in Treatment of CF | <input type="checkbox"/> NEW! Survey of Protein Diversity | |

* Requires an \$10 pp fee for supplies

Please provide the schedule for the day - times, grade level, and number of students per session

TIME	CLASS LEVEL (CP, Honors, AP...)	NUMBER OF STUDENTS
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Please return this form to Dr. Leta Tribble by email (LMT@ggc.org) or to Ashley LaVerdure (alaverdure@ggc.org). For any questions, call 864-943-4170 or 864-941-8173.