



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: _____ Expected arrival time: _____

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"/> 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 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.