**Contact Information**

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

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

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

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

**ABE Activities**

1. Is this *your* first year using ABE labs in your class(es)? [ ]  Yes [ ]  No

2. Is this *your school’s* first year participating in ABE? [ ]  Yes [ ]  No

3. Please indicate which ABE materials you are requesting:

[ ]  Equipment kit and reagents/consumables

[ ]  Reagents/consumables only

[ ]  Equipment for specific lab(s) only

4. In total, how many ***students*** will you be doing ABE labs with? [Note: If you are requesting the PCR lab, please list how many students are in ***each class***] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many ***classes/sections*** will you be doing with ABE with? (Example: For two Introductory Biology classes and one AP Biology class, enter 3.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How many ***lab groups*** per class [Usually 8-10 lab groups per class depending on size. Please note if the number of groups in each class is different]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. How many ***courses*** will you be doing ABE with? (Example: For two Introductory Biology classes and one AP Biology class, enter 2.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **8. Please provide information below for each of the courses in which you are using ABE** |
| **Course Descriptions:**(Check all that apply)  | [ ]  Middle school science[ ]  Introductory Biology (High School)[ ]  Advanced or Honors Biology (High School)[ ]  AP Biology [ ]  Biotechnology[ ]  Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs Implementing:** (check all that apply)  | [ ]  Intro to Biotech Sequence (Lab 1)[ ]  Complete Genetic Engineering Sequence (Labs 1 thru 6)[ ]  Variation of labs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  PTC Taster/Non-Taster PCR lab (cheek swab)[ ]  Other- Using equipment for another lab kit (please explain below) |
| **Other Details:**  | *If you selected “Other” above, please elaborate below:*  |

**9. Equipment Needs: Please mark with an “X” those items that you need from ABE Shoreline.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Equipment** | **X** | **Name of Equipment** | **X** | **Name of Equipment** | **X** |
|  **Lab 1:** |  |  **Lab 4:** |  |  **PTC PCR Lab:** |  |
| 96 well plates for Suncatchers  |  | 20 l pipettes  |  | Hot block |  |
| 20 l pipettes |  | 20 l tips |  | Minicentrifuges |  |
| 200 l pipettes |  | Microfuge tube rack |  | Microcentrifuge (fast spin) |  |
| 1000 l pipettes |  | Microfuge tubes |  | Thermocycler |  |
| 20, 200, 1000 l tips |  | Electrophoresis boxes |  | Microfuge tubes |  |
| Electrophoresis boxes |  | UV/LED Camera |  | Microfuge tube racks |  |
| Microfuge tube racks |  |  **Lab 5:** |  | Electrophoresis boxes |  |
| Microfuge tubes |  | 20l pipettes  |  | Water bath |  |
|  **Lab 2:** |  | 200l pipettes |  | UV/LED Camera |  |
| 20 l pipettes  |  | 20l & 200l tips |  | PCR tubes |  |
| 20 l tips |  | Microfuge tubes |  | 20l pipettes  |  |
| Minicentrifuges |  | Water bath |  | 200l pipettes |  |
| Water bath |  | Cell spreaders |  | 1000 l pipettes |  |
| Microfuge tube racks |  | Microfuge tube rack |  | 20, 200, 1000 l tips |  |
| Microfuge tubes |  | Incubator |  | **Other / Notes:** |  |
|  **Lab 3:** |  |  **Lab 6:** |  |  |  |
| 20 l pipettes  |  | Shaker/Incubator |  |  |  |
| 20 l tips |  | Inoculating loop\* |  |  |  |
| Water bath |  | 200 l pipettes  |  |  |  |
| Microfuge tube racks |  | 1000l pipettes  |  |  |  |
| Microfuge tubes |  | 200 l & 1000 l tips |  |  |  |
|  |  | Protein Columns |  |  |  |
|  |  | Microfuge tube racks |  |  |  |
|  |  | Microfuge tubes |  |  |  |

\* Teachers may use an inoculating loop and provided media to grow their own overnight bacterial cultures, or they may pick up an overnight culture from ABE Shoreline the day before class if schedules permit.