



BABEC Genetically Modified Organisms PCR Debriefing Form

1. Teacher Information

Name _____ School _____

2. Partnership _____

3. Subject/ Class (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adv./ Honors Biology | <input type="checkbox"/> Environmental Science |
| <input type="checkbox"/> AP Biology | <input type="checkbox"/> Forensics |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Integrated Science |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Chemistry | |

4. Provide the number of students for each section. If you marked multiple classes, above, please specify the class on each line (ex. Adv. Bio – 30, Biology – 32):

Section 1 _____ Section 4 _____
 Section 2 _____ Section 5 _____
 Section 3 _____

5. What previous micropipetting experience did your students have?

6. Did you have major problems with your PCR reaction (ie. no bands)?

Yes No

7. If you marked yes, please describe the reagent storage conditions. Check the appropriate box for each reagent.

Reagents	Fridge	Freezer	Room Temp.	N/A
Master mix				
Bt/ Actin primer mix				
35S/ Actin primer mix				
+ control DNA				
MW marker				

8. Tell us about your students' results:

of student runs _____
 # of Actin results _____ # of 35S results _____
 # of Bt results _____ # of ambiguous results _____

9. **Were the bands distinct and easily readable?**
Yes No
Comments:
10. **Were positive control reactions set up in each of your classes?**
Yes No
Comments:
11. **Were negative control reactions set up in each of your classes?**
Yes No
Comments:
12. **List the samples from which there was successful amplification of Bt/ Actin or 35S/ Actin. Please include brand names where applicable.**
Bt/ Actin _____
35S/ Actin _____
13. **Was a ladder run on all of the gels?**
Yes No
Comments:
14. **Did you see bands other than at 400 bp (Actin), 157 bp (Bt), or 162 bp (35S)?**
Yes No
Comments:
15. **If your results did not turn out as expected, what problem(s) do you think may have occurred?**
16. **How was the support you received? Please specify the source (another teacher, partnership coordinator, BABEC outreach coordinator, etc.).**
17. **What additional support would have been helpful?**
18. **What was your students' overall reaction to the lab/unit? If possible, please include a quote or anecdote.**
19. **Additional comments:**