



**General Certificate of Education (A-level)  
January 2013**

**Biology**

**BIOL1**

**(Specification 2410)**

**Unit 1: Biology and Disease**

**Final**

***Mark Scheme***

---

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all examiners participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for standardisation each examiner analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, examiners encounter unusual answers which have not been raised they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this Mark Scheme are available from: [aqa.org.uk](http://aqa.org.uk)

Copyright © 2013 AQA and its licensors. All rights reserved.

**Copyright**

AQA retains the copyright on all its publications. However, registered schools/colleges for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to schools/colleges to photocopy any material that is acknowledged to a third party even for internal use within the school/college.

Set and published by the Assessment and Qualifications Alliance.

Question	Marking Guidance	Mark	Comments
1(a)	<b>(P)</b> Trachea/windpipe <u>and</u> <b>(Q)</b> bronchus;	1	For <b>P</b> or <b>Q</b> , accept (ring of) cartilage (i.e. not for both) Accept bronchi Reject bronchioles Ignore reference to left or right lung
1(b)	<ol style="list-style-type: none"> <li>1. Increases volume (in lungs/thorax);</li> <li>2. Lowers pressure (in lungs/thorax);</li> <li>3. Air (pushed) in by higher outside pressure / down pressure gradient;</li> </ol>	2 max	Context must be lungs/thorax Ignore space increases Accept lungs/chest expand Ignore reference to 'change in pressure' Ignore reference to 'sucked in'
1(c)	Tidal volume <u>and</u> ventilation rate;	1	Accept volume each breath and breathing rate Accept either way around Tidal volume must have context of 'in one breath' not 'volume' alone Ignore units Accept TV × VR/BR

Question	Marking Guidance	Mark	Comments
2(a)(i)	(Aerobic) respiration;	1	Accept ATP production/energy release Reject <u>anaerobic</u> respiration Reject energy production
2(a)(ii)	Golgi (apparatus/body);	1	Ignore smooth ER
2(b)	('It' = Optical microscope) 1. Has low resolution/not high enough resolution; 2. (Because) wavelength of light not short enough/too long;	2	Ignore reference to magnification Accept converse relating to EM Accept larger wavelength Accept statements that microscopes have a wavelength

Question	Marking Guidance	Mark	Comments
3(a)(i)	Glucose <u>and</u> fructose;	1	Ignore reference to alpha and beta Either way around
3(a)(ii)	Glucose <u>and</u> galactose;	1	Ignore reference to alpha and beta Either way around
3(b)	<ol style="list-style-type: none"> <li>1. (Amylase) pancreas, produces maltose;</li> <li>2. (Maltase) in/on epithelium (of small intestine), produces glucose;</li> </ol>	2	Place <u>and</u> product = 1 mark (mark horizontally) Ignore references to salivary glands or saliva Accept wall/lining of small intestine Ignore reference to cells alone Ignore reference to ribosomes/rER

Question	Marking Guidance	Mark	Comments
4(a)	<ol style="list-style-type: none"> <li>1. Water lost into gut/water moves into gut/ water leaves cells;</li> <li>2. Low(er) water potential of intestine/gut (lumen);</li> <li>3. Osmosis/movement down a WP gradient;</li> <li>4. Less/not enough water (re)absorbed;</li> </ol>	3 max	<p>QWC ignore large/small WP</p> <p>QWC ignore reference to high/low concentrations of water or high/low concentrations of solution</p> <p>Ignore reference to stomach</p> <p>QWC ignore 'along' concentration gradients</p>
4(b)(i)	Starch is not (very) soluble/does not dissolve well;	1	<p>Accept converse for glucose in <b>A</b></p> <p>Ignore 'starch is osmotically inactive'</p> <p>Ignore reference to solute potentials</p>
4(b)(ii)	55;; Working : 5% for <b>A</b> and 60% for <b>B</b> ;	2	<p>2 marks for correct answer</p> <p>Max 1 if answer as a %</p>

Question	Marking Guidance	Mark	Comments
5(a)	<ol style="list-style-type: none"> <li>1. (Phosphate) changes shape of TK/changes shape of enzyme/changes the active site;</li> <li>2. Active site forms/becomes the right shape/can bind to substrate/complementary to substrate/E-S complex can form;</li> </ol>	2	<p>It = phosphate</p> <p>Accept 'alters' for changes</p> <ol style="list-style-type: none"> <li>1. Reject that phosphate is an inhibitor</li> </ol> <p>Accept adding energy/affecting charged/affects polar groups (on amino acids)</p> <ol style="list-style-type: none"> <li>2. Reject similar/same shape as substrate</li> </ol>
5(b)	<ol style="list-style-type: none"> <li>1. Faulty TK has functional active site <u>without phosphate</u>;</li> <li>2. (So, faulty) TK functional all the time/TK not controlled (by phosphate);</li> </ol>	2	Accept 'works without phosphate'
5(c)	<ol style="list-style-type: none"> <li>1. Non-competitive inhibitor/binds to site other than active site;</li> <li>2. Causes TK to be in non-functional form/active site not formed/wrong shape/E-S complex not formed;</li> <li>3. So, (uncontrolled) cell division stopped/slowed/controlled;</li> </ol>	2 max	<p>Accept allosteric site</p> <p>Do not accept 'changes shape' unqualified</p>

Question	Marking Guidance	Mark	Comments
6(a)	Aorta;	1	
6(b)	<ol style="list-style-type: none"> <li>Left ventricle pumps to whole body (except lungs)/pumps blood further;</li> <li>Left ventricle does most work/produces a greater pressure/produces a greater force;</li> </ol>	2	<p>Accept converse for right ventricle</p> <p>Reject 'push'</p>
6(c)	<ol style="list-style-type: none"> <li>(Valve <b>A</b>) atrioventricular valve;</li> <li>Semi-lunar valve;</li> </ol>	2	<ol style="list-style-type: none"> <li>Accept bicuspid/mitral</li> <li>Accept aortic valve</li> </ol> <p>Ignore references to left and right</p>
6(d)	<p><b>X</b> because (no mark)</p> <ol style="list-style-type: none"> <li>52.1% survived without replacement compared to 12.1% / difference of 40%;</li> <li>10.9% required repair or replacement of artificial heart compared to 41.4% / difference of 30.5%;</li> <li>37% died compared to 46.6% / difference of 9.6%;</li> </ol> <p><b>OR</b></p> <p>(X/Y = 119 divided by 58 = 2.05)</p> <p>14.4; 49.2; 55.4;</p>	3	<p>Accept other valid calculations – probabilities</p> <p>If correct figures written in table, award marks</p> <p><u>Max 2</u> if incorrect rounding of values</p> <p>Note that this ratio could be reversed i.e. 58 divided by 119 multiplied by numbers in top row</p> <p>Accept rounded to 14; 49; and 55;</p>



Question	Marking Guidance	Mark	Comments
7(a)	One suitable factor; E.g. Age/no heart condition/not on medication;	1 max	Not health or lifestyle Accept BMI/ smokers/ diet/ fitness/ race etc. – has to affect heart rate or blood pressure
7(b)	Patients were at rest/not moving/not using muscles/in standardised position/controlled conditions;	1	Accept same position as sleeping Ignore relaxed
7(c)	1. Caused by pressure/surge of blood; 2. From (one) contraction/beat of (left) ventricle/heart;	2	Ignore pulse rate equals heart rate Reject right ventricle Ignore pumps/pumping
7(d)	1. Monitor records heart rate over long period of time/all the time/more data collected; 2. Anomalies in recording have less effect; 3. Recording pulse rate for <u>one minute only</u> may give an anomalous/atypical result; 4. Errors when trying to count pulse for one minute/ human error; 5. Monitor records HR over a range of activities during the day/pulse rate only records for a single set of conditions;	2 max	Ignore reference to continuously as in stem Ignore anomalies can be discarded Ignore more accurate/reliable mean

7(e)	<ol style="list-style-type: none"> <li>1. Men with condition always have higher heart rates;</li> <li>2. But no direct measurements of blood pressure;</li> <li>3. Only one investigation/test/need more studies;</li> <li>4. Using different recording methods/conditions (in each case so cannot compare results);</li> <li>5. Men without condition also have increased/higher heart rate in doctor's surgery;</li> </ol>	2 max	<p>Accept blood pressure references for heart rate</p> <p>Accept - no stats analysis to show significance</p> <p>Ignore references to 'yes' and 'no' throughout</p>
------	--	-------	---



<p>8(c)</p>	<p>3 suitable suggestions;;;</p> <p>E.g.</p> <ol style="list-style-type: none"> <li>1. Inactive virus may become active/viral transformation;</li> <li>2. Attenuated virus might become harmful;</li> <li>3. Non-pathogenic virus may mutate and harm cells;</li> <li>4. Genetic information/protein (from HIV) may harm cells;</li> <li>5. People (may) become/test HIV positive after vaccine used;</li> <li>6. This may affect their work/life;</li> </ol>	<p>3 max</p>	<p>QWC ignore reference to HIV cells</p> <ol style="list-style-type: none"> <li>5. Vaccinated people may develop disease from a different strain to that in the vaccine</li> <li>6. May continue high risk activities and develop or pass on HIV</li> </ol>
-------------	---	--------------	---

Question	Marking Guidance	Mark	Comments
9(a)	<p><u>By osmosis (no mark)</u></p> <ol style="list-style-type: none"> <li>1. From a high water potential to a low water potential/down a water potential gradient;</li> <li>2. Through aquaporins/water channels;</li> </ol> <p><u>By facilitated diffusion (no mark)</u></p> <ol style="list-style-type: none"> <li>3. Channel/carrier protein;</li> <li>4. Down concentration gradient;</li> </ol> <p><u>By active transport (no mark)</u></p> <ol style="list-style-type: none"> <li>5. Carrier protein/protein pumps;</li> <li>6. Against concentration gradient;</li> <li>7. Using ATP/energy (from respiration);</li> </ol> <p><u>By phagocytosis/endocytosis (no mark)</u></p> <ol style="list-style-type: none"> <li>8. Engulfing by cell surface membrane to form vesicle/vacuole;</li> </ol> <p><u>By exocytosis/role of Golgi vesicles (no mark)</u></p> <ol style="list-style-type: none"> <li>9. Fusion of vesicle with cell surface membrane;</li> </ol>	5 max	<p>No mark awarded for naming terms e.g. osmosis, facilitated diffusion, active transport, co-transport etc.</p> <p>QWC ignore large/small WP</p> <p>QWC ignore reference to high/low concentrations of water or high/low concentration of solution</p> <p>QWC ignore 'along' concentration gradients</p> <p>Co-transport subsumed into mark scheme for active transport and facilitated diffusion</p> <p>Can award MP2, 3, 5 for 3 marks with no context given</p> <p>Ignore lipid <u>diffusion</u> as in stem of question</p>

<p>9(b)</p>	<ol style="list-style-type: none"> <li>1. Atheroma is fatty material/cholesterol/foam cells/plaque/calcium deposits/LDL;</li> <li>2. <u>In</u> wall of <u>artery</u>;</li> <li>3. (Higher risk of) aneurysm/described;</li> <li>4. (Higher risk of) thrombus formation/blood clot;</li> <li>5. Blocks coronary artery;</li> <li>6. Less oxygen/glucose to heart <u>muscle/cells/tissue</u>;</li> <li>7. Reduces/prevents respiration;</li> <li>8. Causing myocardial infarction/heart attack;</li> <li>9. Blocks artery to brain;</li> <li>10. Causes stroke/stroke described;</li> </ol>	<p>5 max</p>	<ol style="list-style-type: none"> <li>2. Reject 'on', 'in artery', 'vein' Thicker walls insufficient</li> <li>4. Accept pulmonary embolism/described</li> </ol>
-------------	---	--------------	--