

PERMISSION FORM

School / Teacher: (School name)/(Teacher Name)
Date of Event: (month/date), (year)
Location: DNA Learning Center, Cold Spring Harbor, NY

During the laboratory that is scheduled at the **DNA Learning Center** on **(month/date/year)**, your child will have the opportunity to conduct several experiments with his/her own DNA. DNA samples are collected from cells that are normally present in saliva. The student will simply swish his/her mouth with a saline solution and spit the sample into a cup. The DNA sample that is extracted from these cells are amplified by a process called polymerase chain reaction (PCR) and examined for specific DNA markers, which vary from person to person. The DNA markers we will examine play no role in an individual's health. The student sample will be discarded after completing the experiments in this workshop and will not be used for any other purposes. The anonymous results will be uploaded to an online database created by Cold Spring Harbor Laboratory for educational purposes, allowing students to analyze and compare their results.

There is a consensus that human DNA experiments should not be conducted without the willing consent of the donor, who understands the purpose for which his/her DNA is being used. Thus, these experiments will be explained clearly beforehand, and students will be given the option not to participate.

Please sign below indicating authorization for your child's participation in these experiments. (If the student is 18 years of age or older, the student may sign on his/her own behalf.) All participants must present this permission slip before taking part in this laboratory.

*** (Please do not cut this sheet – send in entire form) ***

Name of Student
please print

Name of Teacher
please print

Name of Parent/Legal Guardian
please print

Parent or Guardian Signature
(If student is 18 years old or older, student may sign on his/her own behalf)

Date