*[Month, Day, Year]*

Dear Parents,

In our class we are studying genetics, and as part of this unit we are learning about DNA testing. We have the amazing opportunity to have our students test their own DNA in our classroom. We will be testing only one gene, the TAS2R38 gene, which controls the ability to taste the non-toxic bitter compound, PTC. Students will collect a DNA sample by spitting in a cup and then amplify their own DNA and use gel electrophoresis to uncover which combination of the two possible genetic profiles they have- taster (PAV) and/or non-taster (AVI).

Students will not be able to test any other genes during this experience. All lab work will be done within the class and once the DNA is used, it will be destroyed. Students will have the option to share their genotype for the TAS2R38 gene with the class, but we will not share this information outside the classroom. Students who choose not to share will not be penalized in any way.

If you have any questions, please feel free to contact *[teacher name]* at *[email address or telephone number].*

Thank you,

*[Teacher name]*

*[Department]*

*[School]*

**By signing below, I give permission for my child to test the TAS2R38 gene in their *[name of class]* class at *[name of school]*.**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_