

(Annexure 10)  
Application Form for Human Genetics Testing Research

Logo of the institute

(Name of the Institution)

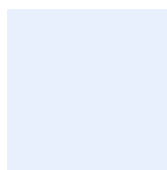
EC Ref. No. (for office use):

Title of study:

Principal Investigator (Name, Designation and Affiliation)

- Describe the nature of genetic testing research being conducted.  
(e.g. - screening/gene therapy/newer technologies/human embryos/foetal autopsy)
- Does the study involve pretest and post-test counselling? If yes, please describe. Yes  No  NA
- Explain the additional safeguards provided to maintain confidentiality of data generated.
- If there is a need to share the participants' information/investigations with family/community, is it addressed in the informed consent? Yes  No  NA   
If findings are to be disclosed, describe the disclosure procedures (e.g. genetic counseling)
- Is there involvement of secondary participants? Yes  No  NA   
If yes, will informed consent be obtained? State reasons if not. Yes  No  NA
- What measures are taken to minimize/ mitigate/eliminate conflict of interest?
- Is there plan for future use of stored sample for research? Yes  No   
If yes, has this been addressed in the informed consent. Yes  No

Signature of PI:



Click here to enter a date.