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|  | **(Annexure 10)**  **Logo of the institute**  **Application Form for Human Genetics Testing Research**    ***(Name of the Institution)***  **EC Ref. No*.(****for office use):* |

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| Title of study:  Principal Investigator (Name, Designation and Affiliation) |

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| 1. | Describe the nature of genetic testing research being conducted.  (e.g.- screening/gene therapy/newer technologies/human embryos/foetal autopsy) |
| 2. | Does the study involve pretest and post-test counselling? If yes, please describe. Yes No  NA |
| 3. | Explain the additional safeguards provided to maintain confidentiality of data generated. |
| 4. | 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) |
| 5. | Is there involvement of secondary participants? Yes No  NA  If yes, will informed consent be obtained? State reasons if not. Yes No  NA |
| 6. | What measures are taken to minimize/ mitigate/eliminate conflict of interest? |
| 7. | 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.