



(Annexure 10)

## Application Form for Human Genetics Testing Research

.....  
(Name of the Institution)

EC Ref. No. (For office use):

Title of study: .....

Principal Investigator (Name, Designation and Affiliation): .....

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 a plan for future use of stored samples for research?

Yes ☐ No ☐

If yes, has this been addressed in the informed consent ?

Yes ☐ No ☐

Signature of PI: .....

dd mm yy