



(Annexure 11)

## Application Form for Human Genetics Testing Research

Apollo Institute of Medical Sciences & Research, Chittoor Andhra Pradesh.517127

EC Ref. No. (For office use):

Title of study: .....

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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)  
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.....
2. Does the study involve pretest and post-test counselling? If yes, please describe. Yes  No  NA   
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3. Explain the additional safeguards provided to maintain confidentiality of data generated.  
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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)  
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5. Is there involvement of secondary participants? Yes  No  NA   
If yes, will informed consent be obtained? State reasons if not. Yes  No  NA   
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.....
6. What measures are taken to minimize/mitigate/eliminate conflict of interest?  
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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