



(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:

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)

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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