



(Annexure 20)
**Application Form for Human Genetics Testing
 Research (Clinical Trials)**

Chennai Fertility Centre and Research Institute

IHEC 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 pre-test and post-test counseling?
 If yes, please describe.

Yes No NA

3. Explain the additional safe guards 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 yyyy