

**Institutional Ethics Committee – Biomedical & Health Research (IEC-BMHR)**  
**ICMR-NATIONAL INSTITUTE FOR RESEARCH IN BACTERIAL INFECTIONS, KOLKATA**



**(Annexure 10)**

**Application Form for Human Genetics Testing  
 Research**

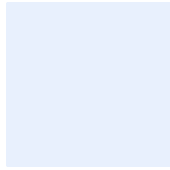
**EC Ref. No. (for office use):**

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/feotal autopsy)
2.	Does the study involve pretest and post-test counselling? If yes, please describe. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></span>
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? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></span>  If findings are to be disclosed, describe the disclosure procedures (e.g. genetic counseling)
5.	Is there involvement of secondary participants? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></span>  If yes, will informed consent be obtained? State reasons if not. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></span>
6.	What measures are taken to minimize/ mitigate/eliminate conflict of interest?
7.	Is there plan for future use of stored sample for research? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>  If yes, has this been addressed in the informed consent. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>

Signature of PI:



Click here to enter a date.