



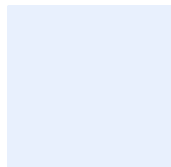
(Annexure 10)
Application Form for Human Genetics Testing Research
अखिल भारतीय आयुर्वेद संस्थान
All India Institute of Ayurveda (AIIA)

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 plan for future use of stored sample for research? Yes No
If yes, has this been addressed in the informed consent. Yes No

Signature of PI:



Click here to enter a date.