

Annexure 5 AX 05/SOP 20/V6.1



Checklist - Considerations for Genetic Research INSTITUTIONAL ETHICS COMMITTEE (IEC)

Seth GS Medical College and KEM Hospital, Mumbai.

Project Registration No.

Investigator: _____ **IEC #:** _____

Study Title: _____

	Yes	No
1. Will the samples be made anonymous to maintain confidentiality? If yes, stop here	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the investigator established clear guidelines for disclosure of information, including interim or inconclusive research result?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the appropriateness of the various strategies for recruiting participants and their family members been considered?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the proposed study population comprise family members?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will family members be implicated in the studies without consent?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the samples be destroyed in the future?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is genetic counseling being offered?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Principal Investigator: _____ Date _____

IEC Office use only	
Comments:	
Primary Reviewer Signature & Date	