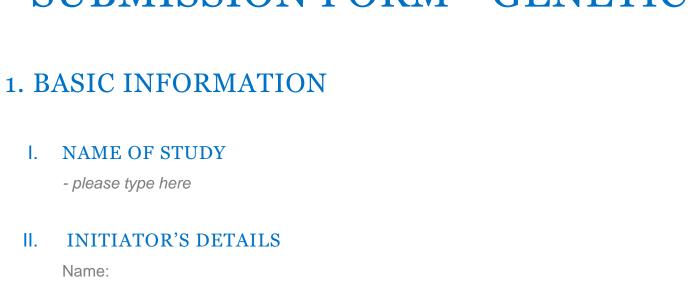


SUBMISSION FORM -GENETIC



Name:

Address:

Address:

Fmail:

Email:

Phone Number:

Phone Number:

ORGANIZATION & FUNDING

(Please duplicate if more than one source)

Funding Source:

Organization:

Country:

III. HELSINKI'S COMMITTEE APPROVAL FOR PREVIOUS STUDIES (in case this study is a continuation of a such a research)

- please type here

IV. RNA/DNA

This study will include:

- A. Collection of DNA/RNA samples YES/NO
- B. Storage of DNA/RNA samples YES/NO
- C. Testing of DNA/RNA samples YES/NO

V. STUDY OBJECTIVES

- please type here

VI. BACKGROUND, RATIONAL AND RELEVANT LITERATURE (please also include the need for the collection/storage/testing of RNA/DNA samples)

- please type here

VII. SAMPLE SCHEDULE

- A. Collection duration:
- B. Data analyzing duration:
- C. Storage Duration:

2. STUDY PARTICIPANTS

- I. NUMBER OF PARTICIPANTS, INCLUDING A POWER ANALYSIS OR STATISTICAL JUSTIFICATION FOR THE POPULATION SIZE
 - please type here
- II. INCLUSION/EXCLUSION CRITERIA
 - please type here

3. DNA SAMPLES: COLLECTION, TESTING

I. DNA COLLECTION

Source tissue:

- A. Blood YES/NO
- B. Biopsy YES/NO
- C. Tissue Sample YES/NO
- D. Bodily Fluids & Secretions YES/NO
- E. Cell Culture YES/NO

II. DNA TESTING

A. Testing Location

Country:

City:

Name of Institution and Laboratory:

B. Person in charge of testing

Name:

Address:

C. Type of tests to be conducted: