

SUBMISSION FORM – GENETIC

1. BASIC INFORMATION

I. NAME OF STUDY

- please type here

II. INITIATOR'S DETAILS

Name:

Address:

Email:

Phone Number:

SECONDARY CONTACT

Name:

Address:

Email:

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: