

Genetic Research Ethics Approval Form

Study Information

Project Title

Principal Investigator Name

Affiliation / Institution

Contact Email

Research Details

Brief Project Description

Objectives and Purpose

Study Duration

Participant Information

Number of Participants

Recruitment Methods

Inclusion / Exclusion Criteria

Sample and Data Handling

Type of Genetic Material to be Collected

Sample Storage and Handling Procedures

Data Confidentiality Measures

Ethical Considerations

Informed consent will be obtained from all participants

Study involves minors or vulnerable populations

Potential Risks and Benefits

How will privacy and anonymity be protected?

De-identification and Data Sharing

Will genetic data be anonymized or coded?

Will data or samples be shared with external researchers?

Declaration

I confirm that the above information is accurate and complete to the best of my knowledge.

Name

Date