**Dartmouth College**

**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

**CPHS @Dartmouth.edu** **• 603-646-6482**

**CPHS – GENETIC RESEARCH FORM**

**Please complete: CPHS# PI:**

**This form should be used ONLY IF** a link between a genotype or a biomarker and a specific disease or condition is **clinically useful** in predicting the development of that specific disease or condition.

* **Respond to each item, even if to indicate N/A or not applicable**
* **Upload the completed form to the ‘Supporting Documents’ page in Rapport.**
* **If you are completing this form on a Mac, indicate your answer to any checkboxes by bolding or highlighting, or by deleting any incorrect options.**
1. **A description of any potential genetic results should be provided to participants in the consent form.**
	1. **Will participants be given the option not to receive information?**

[ ]  **No** [ ]  **Yes**

* 1. **Will participants be informed about any potential incidental genetic findings such as paternity and heritable conditions other than the one(s) under the study?**

[ ]  **No** [ ]  **Yes**

1. **Describe the plan for sharing information, including interim or inconclusive research results, with participants, addressing the following:**
* What genetic information will they receive: interim results, final results, inconclusive results, incidental findings?
* What is the meaning of the information for the participant
* What is the meaning of the information for the participants relatives and family members
1. **Describe the genetic counseling to be provided, addressing the following**
* What, if anything, is discussed as part of the consent process
* When, how, and where test or other research results will be communicated to participants
1. **Describe the clinical significance of the findings to participants:**

**Does the investigator plan to disclose research findings to participants or their physicians for clinical use?**

[ ]  **No** [ ]  **Yes**

**Are participants given a choice of whether this information is shared with their physician(s)?**

[ ]  **No** [ ]  **Yes**

1. **Relatives and family members**
	1. **Will participants be protected against disclosure of medical or other personal information about themselves to family members**

[ ]  **No** [ ]  **Yes**

**If no, describe the information that will be disclosed and to whom it will be disclosed:**

* 1. **Will relatives invited to be participants based on genetic research results?**

[ ]  **No** [ ]  **Yes**

**If yes, describe how they will be contacted and/or recruited:**