**Application for a protocol to participate in the Intramural Secondary Genomic Findings Service (SGFS)**

Is this a new application to the SGFS?

Yes – Please complete all fields below

No – This is a submission of a new batch of data, all details from original application are unchanged → remainder of application does not need to be filled out

No – This is a submission of a new batch of data but some project details have changed → complete only portions of application that have changed

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Protocol Title/Number (if available):

IRB-reviewed version of protocol and consent forms are included with this application

Yes  No – explain:

PI:

Precis:

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Sequencing methodology:  ES GS

Proposed file format of submitted variants:  VarSifter  VCF

Please confirm the following:

Data submitted were aligned to GRCh37/hg19

We will only submit variants pertaining to the current SGFS gene list

* Please email Julie Sapp if you have questions about either of these attributes.

Is the disorder under investigation related to a gene on the current ACMG list?

No  Yes – explain:

Description of genotype quality assessment (e.g., GATK quality score):

Naming convention for individual identifiers (e.g., “6 digit coded identifier”):

Source DNA:  peripheral blood  tissue other

Total number of sequenced samples:

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Where does your cohort **primarily** reside?

Most participants live in the US  Most participants live outside of the US - country:

Estimated number of samples per year:

Person(s) to notify if a secondary variant is present and contact information:

Will SGFS return secondary findings per the protocol outlined in the SGFS Guidance Memo?

Yes  No

**If Yes, please complete information below**

Person(s) consenting participants to protocol and contact information:

Any characteristics of your cohort/population that may have special relevance with respect to the return of secondary findings?

High proportion of non-English speaking participants (Language:      )

Many participants unlikely to have access to healthcare

Anticipate difficulty re-contacting participants

Other:

Questions?

Please visit [ <http://www.genome.gov/sgfs>] for more information.

Contact Kate Driscoll at (301) 594-1754 or Julie Sapp at (301) 435-6689 with any remaining questions.

Please send completed application along with an electronic version of the draft protocol and consent form to:

Kate Driscoll [ [kate.driscoll@nih.gov](mailto:kate.driscoll@nih.gov) ] and Julie Sapp [ [sappj@mail.nih.gov](mailto:sappj@mail.nih.gov) ].