**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

Which reference sequence were your data aligned to?  GRCh37  GRCh38

Will your submitted data be redacted in any way?

No, we will submit full files

Yes, we will only submit data pertaining to the current SGFS gene list

Other – explain:

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) ].