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

Is this a new application to the SGFS?

Yes \rightarrow Please complete all fields below

No -- This is a submission of a new batch of data, all details from original application are unchanged.

 \rightarrow 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

 \rightarrow complete only portions of application that have changed

Protocol Title/Number (if available):

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

Yes No - explain:

PI:

Precis:

Sequencing methodology:	ES	GS	
Sequencing facility:			
Aligner used to align reads:			
Variant caller used to call va	riants:		
Please confirm the following	:		
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Data submitted were aligned to GRCh37/hg19 reference genome We will only submit variants pertaining to the genomic coordinates provided by SGFS We will only submit one merged VCF file We will only submit "PASS" variants We will transfer the VCF using NIH secure email (NIH investigators) or Globus (non-NIH investigators)

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

No Yes - explain:

Naming convention for individual identifiers:

Source of DNA: peripheral blood tissue other:

Total number of sequenced samples:

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:

Name:

Email:

Phone:

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

Yes No

Any characteristics of your cohort that may have special relevance 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 <u>http://genome.gov/sgfs</u> for more information.

Contact Kate Driscoll at (301) 594-1754 or Julie Sapp at (301) 435-6689 with any remaining questions. Please send completed applications along with an electronic version of the draft protocol and consent form to: Kate Driscoll [kate.driscoll@nih.gov] and Julie Sapp [sappj@mail.nih.gov].

Biesecker Lab Use Only Project ID: Batch ID: