Appendices
CONSENT FORM

ANTHROPOLOGICAL SURVEY OF INDIA
GOVERNMENT OF INDIA
SOUTHERN REGIONAL CENTRE
MYSDRE


INFORMED CONSENT FORM

1. I am giving blood sample with my own wish, knowing fully well about the purpose of the collection of the samples.

2. I consent to the test(s), which I understand will be based on ............. and DNA.

3. I agree to the request of Anthropological Survey of India to use my blood samples for genetics studies, which may lead to the discovery of new techniques or improving the existing one. Furthermore, I also allow Investigators at Anthropological Survey of India to use my blood sample for research purpose that may facilitate better understanding of the human genome, provided confidentially of the identity is maintained.

4. I also allow Investigators to publish the data obtained from the aforementioned studies.

Name of the subject (In CAPITAL)

[Signature]

Subject’s Signature [Signature] date 13/1/200 [Signature]

Subject’s Address 12/4/17 2nd flr 5th CTR

Signature with date and address of the parent/guardian

(If subject is less than 18 years of age)
Annexure-II

Ethical clearance certificate

ANTHROPOLOGICAL SURVEY OF INDIA
27 Jawaharlal Nehru Road, Kolkata 700 108

INSTITUTIONAL ETHICS COMMITTEE

CERTIFICATE

Title of the Project: DNA Polymorphism of Contemporary Indian Populations: Diabetes Type II

Investigator: Dr. V R Rao

Project Duration:
From: June 2008
To: May 2012

The Institutional Ethics Committee of the Anthropological Survey of India has thoroughly examined the proposal of the project and is satisfied with the presentation made for the project on DNA Polymorphism of Contemporary Indian Populations: Diabetes Type II.

The committee found the information contained in the proposal format complete. The committee members are of unanimous view that the scientific aspects of the project include appropriate provision for protecting the rights and welfare of the human subjects involved.

The Committee recommends that the project can be implemented and continued for the duration mentioned above.

The Committee further recommends that the Principal Investigator should inform the Committee without delay if any changes are required to be made in the ethical norms and procedures during the implementation of the project. In such a situation, a clearance of the Committee is to be obtained before adoption of changes. Furthermore, the Committee recommends that the Principal Investigator should immediately bring it to the notice of the Committee, if the project continues beyond the duration for which the present approval is given.

Date: 30/6/2008

(D.P. Mukherjee) 30/6/2008

The Institutional Ethics Committee
INTERVIEW SCHEDULE

Dated:......./......./200                         ID.........

I. General Information

1. Name (in block letters)____________________________________________
2. Father/Husband’s Name____________________________________________
3. Present address:

4. Permanent address:

5. Phone No. : 
6. Occupation : 


10. Religion:

II. Anthropometric and physiological measurements

1. Height (cm) : 
2. Weight (kg) : 
3. BMI : 

4. Waist circumference (cm) :
5. Hip circumference (cm) :
6. WHR :
7. Blood Pressure Systolic (mm/Hg) :
8. Blood Pressure Diastolic (mm/Hg) :

III. Diet and life style

1. Food habit: Vegiterian / Non-vegetarian
2. Do you smoke?       Yes [   ] No [   ] Quit [   ]
3. How many cigarettes do you smoke per day?
4. Do you consume tobacco orally?   Yes [   ] No [   ] Quit [   ]
5. Do you consume alcohol?  Yes [   ] No [   ] Quit [   ]
6. How many times do you consume alcohol in a week?

IV. History of diabetes (for known diabetic subjects)

1. At what age diabetes was diagnosed?
2. Are you currently under medication?
   Yes [   ] No[   ]
   If Yes, what kind of medication?

3. Are you taking Insulin?       Yes[   ] No[   ]

(Name and signature of interviewer/ investigator)