

**NIEHS Environmental Polymorphisms Registry (EPR)**  
**Sample Request/Genotyping Project Overview Form**

*\*\* Please complete this form in order to get approval from the EPR Steering Committee for genotyping. This is **not** the form needed to obtain decoding of EPR samples and contact information of EPR subjects.*

**\*\* If this form is not completed in full, it will be returned to the contact scientist.**

- 1) Project Title:
- 2) Principal Investigator's Name:
- 3) Contact Scientist's Name:
- 4) Phone Number:
- 5) E-mail Address:
- 6) Name of Institution and Address or NIEHS Lab and Group:
- 7) Signature of Laboratory Chief (NIEHS only) to indicate this study has been reviewed and approved (An attached email is acceptable):
  
- 8) List the following requirements for DNA request:
  - a) Number of samples:
  - b) Amount of DNA (1 µg limit) required per sample:
  - c) Gender, ethnicity/race, and age requirements:
  - d) Type of population required (clinic, general population, or doesn't matter)
- 9) Name of gene (s) to be genotyped:
  - a) Approximate number of SNPs:
- 10) Please answer the following questions:
  - a) Will your project likely require recontacting EPR subjects for future follow-up studies (Yes or No) :

- b) Could your requested samples be anonymized? (Yes or No)  
*If yes, the sample key will be destroyed and sample decoding will not be possible.*

11) Genotyping Project Overview (*Overview should not exceed 2 pages*):

- a) Background/study rationale (for each candidate gene provide a short summary, including any previous genetic studies):
- b) For each gene listed, provide a list of specific SNPs (with dbSNP rs# if available) to be genotyped and relevance to function, clinical trait or disease (if known):
- c) Genotype prevalence (estimation) in populations, if known:
- d) Study hypothesis/specific aims (including follow-up study if applicable):
- e) Primary and secondary outcomes
- f) Details of study design (including follow-up study if applicable):
- g) Statistical analysis plan including study power:
- h) Any other relevant supporting data:

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Please submit form to:  
Shepherd Schurman, [schurmanh@mail.nih.gov](mailto:schurmanh@mail.nih.gov), MD CU-01, Room CU123

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To be completed by EPR review personnel:

EPR Project number:

Date form received:

Approval Date: