Request for Waiver of Informed Consent

NOTE: This waiver does not apply to FDA-regulated research.

Principal Investigator:

Study Title:

PI Address:

PI Telephone / Email:

Date of Submission:

Explain why you are requesting a Waiver of Informed Consent

As part of this explanation, make clear that this waiver will not adversely affect the rights and welfare of the research participants. Situations in which consent might be waived include those where it is logistically impossible to get consent of every individual involved.

Explain how you will inform participants about the research

Discuss how you will let participants know what you are doing. To whom will you present information about your research? In what venues will you explain your research?

Requirements for Waiver of Informed Consent

In order to waive the requirements for informed consent, **ALL** of the following criteria must be met:

- The research involves no more than minimal risk. This should be clearly explained in your basic IRB application.
- The waiver will not adversely affect the rights and welfare of the participants.
- The research could not be carried out without the waiver.
- Whenever appropriate, the participants will be provided with additional pertinent information after participation. Please explain how this will be handled:

Principal Investigator Acknowledgement

P.I.'s Name: _____ Date: _____

Electronic Signature:

Faculty Advisor Acknowledgement

Faculty Advisor's Signature: _____ Date: _____

Electronic Signature:

Submit Form

Please save a copy of the form for your records and submit the final form electronically by clicking the "Submit Form" to the left or at top of page.