



Request for Waiver of Informed Consent

This request form should be used if you wish to obtain a waiver of informed consent.

Section I Principal Investigator (PI) Information:

1.	PI Name:
2.	Sponsor

Section 2 Criteria For Waiving Requirement For Informed Consent

*You must document the responses to each of the four statements below.

	Check One	
1. The research in its entirety involves no greater than minimal risk.	Yes	No
2. The waiver of informed consent will not adversely affect the rights and welfare of the subjects.	Yes	No
3. It is not practicable to conduct the research without the waiver/alteration.	Yes	No
4. Whenever appropriate, subjects will be provided with additional pertinent information after their participation.	Yes	No



If you have circled the “yes” response to each of the statements above, you must describe the reason(s) the waiver is necessary. **Note: The waiver will not be considered unless an explanation is provided. You may attach additional explanation.**

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4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

NAME OF PERSON COMPLETING THIS FORM:

Printed or Typed Name of Person Completing This Form

Company & title

Phone number

Fax number

E-mail address (optional)