

# IINNSSTTIITTUUTTIIOONNAALL RREEVVIIEEWW BBOOAARRD Suupppplleemmeenntt AA -- WWaaiivveerr o f CCoonnsseenntt

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| **Principal Investigator:** | Click here to enter text. |
| **Study Title:** | Click here to enter text. |

**I. Request for waiver of documentation of consent** – please complete if requesting a waiver to obtain signed documented consent.

Check all that apply:

1. [ ] The research involves no more than minimal risk, and involves only procedures that do not require written

consent outside of research. Please explain:

Click here to enter text.

[x] The only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Please explain:

Click here to enter text.

1. Please explain how, in the absence of signed written consent forms, consent will be documented, e.g. tape recordings, videos, chart notes, etc.

Click here to enter text.

**INSTITUTIONAL REVIEW BOARD Supplement A - Waiver of Consent**

**II. Request for waiver of informed consent** - please complete this section if requesting a full waiver to obtain

consent or waiver of some element(s) of consent.

1. In order to waive some or all elements of informed consent, ALL of the following criteria must be met:

Click here to enter text.

[ ] The research involves no more than minimal risk. Please explain:

[ ] The waiver or alteration will not adversely affect the rights and welfare of the subjects. Please explain:

Click here to enter text.

[ ] The research could not be carried out without the waiver or alteration. Please explain:

Click here to enter text.

[ ] Whenever appropriate, the subjects will be provided with additional pertinent information after participation. Please explain:

Click here to enter text.