**Request for Waiver for Documentation of Consent**

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| Section 1. Protocol Information | |
| **Protocol Number:** | **Click or tap here to enter text.** |
| **Project Title:** | Click or tap here to enter text. |
| **Principal Investigator:** | Click or tap here to enter text. |
| **Faculty Advisor:** | Click or tap here to enter text. |
| **School/Department:** | Click or tap here to enter text. |

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| Section 2. Request for Waiver of Documentation | |
| A consent procedure which does not obtain consent through a physical signature may be approved by the IRB under certain conditions. To request IRB approval of a consent procedure which does not document consent through a physical signature, provide a response to **only one** of the following.  Note that the IRB may require the investigator to provide subjects with a written statement regarding the research, even though the documentation requirement may be waived. | |
| 2a | Explain that 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. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject’s wishes will govern. (Note: A waiver of documentation of informed consent is not permissible under this category if the research is subject to FDA regulation  Click or tap here to enter text. |
| 2b | The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside the consent. |