



WAIVER OF DOCUMENTATION OF INFORMED CONSENT

CHOOSE THE PROPER CATEGORY AND COMPLETE ONE BOX BELOW

Box 1— When you believe that signing an informed consent could cause risk of harm to the participant

Box 2—For minimal risk- research when you cannot obtain a participant signature, for example an online survey

Researcher:

Last Name:	First Name:	Dept.
Phone:	E-mail:	Fax:

Project Title:

To request a waiver of documentation (signature) of informed consent, please provide a response to EITHER of the following questions. Please be specific in explaining why either is true for this research.

(1) HIGH RISK TO PARTICIPANTS

That the only record linking the subject and the research would be the consent document and the principle 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.**

(2) CAN NOT OBTAIN SIGNATURE

The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.**

** In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research.

Researcher Signature: _____

Date: _____