**Institutional Review Board**

**Aurora University**

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_