**REQUEST FOR WAIVER OF DOCUMENTATION**

**OF INFORMED CONSENT**

Name and email of Principal Investigator:

Faculty Supervisor (include email):

Protocol # (for revision of existing protocol only):

To request a waiver of documentation (signature) of informed consent, please provide a response to ONE OR MORE of the following statements. Please provide a specific explanation supporting that the statement is true for your research.

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| 1. The only record linking the participant and the research would be the consent document, and the principal risk would be potential harm resulting from a breach of confidentiality. *[If you answer this question and receive a waiver of written consent, each participant must still be asked whether they want a document linking the participant with the research and the participant’s wishes must be followed.]* Please explain: |
| 1. The research presents no more than a minimal risk of harm to participants and involves no procedures for which written consent is normally required outside the research context. *[for example, asking shoppers in a mall about ambient lighting]* Please explain: |
| 1. It is expected that the participant will not be able to sign their name or even make an “x” or are wary of signing documents from a cultural perspective. Please explain: |
| Important: The IRB requires the investigator to provide subjects with an information sheet to be submitted with your application. |