

# Behavioral Health Study Informed Consent Waiver Request

## 1. Study Information

Study Title

Principal Investigator

Institution/Department

Contact Information

Protocol Number (if applicable)

## 2. Description of the Study

Provide a brief summary of the research project:

## 3. Request for Waiver of Informed Consent

Describe the reason for requesting an informed consent waiver:

## 4. Justification for Waiver (45 CFR 46.116 Criteria)

1. Explain how the research involves no more than minimal risk to participants:

2. Explain why the waiver will not adversely affect the rights and welfare of participants:

3. Explain why the research could not practicably be carried out without the waiver:

4. Explain, if appropriate, how pertinent information will be provided to participants after participation:

## 5. Additional Information

Include any additional information relevant to the waiver request:

## 6. Certification

Name of Principal Investigator

Date