## **Biomedical Device Evaluation Informed Consent Waiver Form**

## **Study Information**

Study Title
Dringing I by restinator
Principal Investigator
Institution/Organization
Date
Purpose of the Study
Device Description
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Reason for Informed Consent Waiver
Assessment of Risks

**Assessment of Benefits** 

Privacy and C	Confidentiality	/ Protection	s	
Additional Co	omments			
Principal Investigator S	Signature			
Date	_			
IRB/Review Board Ap	proval			
Date				