

Clinical Trial Informed Consent Waiver Request Form

Study Information

Study Title

Protocol Number

Principal Investigator Name

Contact Information

Institution

Waiver Request Details

Type of Waiver Requested

Justification for Waiver Request

Risk Assessment (Minimal Risk Justification)

Measures to Protect Privacy and Confidentiality

Additional Information

Explanation of Why the Research Cannot Practicably Be Carried Out Without the Waiver

Public Benefit Statement (if applicable)

Other Relevant Information

Principal Investigator Signature

Date