

Minimal Risk Survey Research Informed Consent Waiver Form

Study Title

Principal Investigator

Department

IRB Protocol #

Date

Purpose

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation and Withdrawal

Contact Information

- Principal Investigator:

- Email:

- Phone:

Additional Information

☐ I have read and understood the information provided above. I agree to participate in this survey research.

Name of Participant

Signature

Date