

Institutional Review Board Request for Waiver or Alteration of Consent

Prin	Prin. Invest. NAME		
STU	STUDY TITLE		
1.	Note bota	research regulated by the FDA? Most research that involves a drug, device, supplement, biologic, or ical is FDA-regulated. Yes No	
	exce	. STOP – do not submit this form. FDA regulations do not allow the waiver/alteration of consent t in emergency use or emergency research. Contact the Office of Research Compliance for ance.	
2.	What are you requesting?		
		Waiver of the requirement to obtain informed consent	
		Waiver or alteration of one or more of the elements of informed consent. Identify the element(s):	
3.	Is th	request for (choose ONE):	
		All subjects	
		Some subjects. Identify group of subjects and provide rationale:	
Choose <u>ONE</u> reason (4a <u>or</u> 4b) to support a waiver or alteration of informed consent:			
4a.		The research involves no more than minimal risk to the subjects. Explain:	
		The waiver or alteration will not adversely affect the rights or welfare of the subjects. Explain:	
		The research could not practicably be carried out without the waiver or alteration. Explain:	
		Whenever appropriate, the subjects will be provided with additional pertinent information after participation. Explain:	
4b.		The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine: Public benefit or service programs Procedures for obtaining benefits or services under those programs	
		Possible changes in or alternatives to those programs or procedures Possible changes in methods or levels of payment for benefits or services under those programs.	
		The research could not practicably be carried out without the waiver or alteration. Explain:	