

AX1-V6/SOP14/V6

Application form for requesting waiver of consent

1. Principal Investigator's name:
2. Designation:
3. Department:
4. Title of project:
5. Names of other Co-investigators:
6. Request for waiver of informed consent:

Please tick the reason(s) for requesting waiver (in box provided)

- i. Research involves 'less than minimal risk'
- ii. There is no direct contact between the researcher and participant
- iii. Retrospective studies, where the participants are de-identified or cannot be contacted-
- iv. Certain types of public health studies/surveillance programmes/programme evaluation studies-
- v. Research on anonymized biological samples/data
- vi. Research on using data available in the public domain
- vii. Any other (please specify)- [PI to provide justification for the waiver of consent]

7. Statement assuring that the rights of the participants are not violated

8. State the measures described in the protocol for protecting confidentiality of data and privacy of research participant

Principal Investigator's signature with date _____