**Request for Waiver of Informed Consent Process or Alteration of Informed Consent Process**

I am requesting: [ ]  Waiver of the Informed Consent Process

 [ ]  Alteration of the Informed Consent Process

Is the research FDA regulated? [ ] [ ]  Yes [ ]  No

*Please note that for FDA regulated research, you may not waive or alter informed consent. If the research is both FDA regulated and DHHS supported, you may not waive or alter informed consent.*

If you are requesting **alteration** of the informed consent process, please indicate below which elements of the consent will be altered and justify the alteration.

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Please provide a justification for all of the following conditions in order for the IRB to consider your request for **waiver/alteration** of informed consent process.

1. The research involves no more than minimal risk to the subjects.

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1. The rights and welfare of the subjects will not be adversely affected.

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1. The research could not practicably be carried out without waiver or alteration.

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1. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

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| For IRB Office Use Only[ ]  Approved [ ]  NOT Approved[ ]  Expedited [ ]  Full BoardName of Expedited Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |