**SOP 15-V 1.2 / ANX 01-V1.0**

**Application form for requesting Waiver of Written Informed Consent/ waiver of consent**

(To be filled by PI)

1. Proposal Number :
2. Principal Investigator’s name:

3. Department:

4. Title of project:

5. Names of co-investigators:

6. Request for waiver of informed consent:

Please check the reason(s) for requesting waiver

1. Research involves ‘less than minimal risk’

2. There is no direct contact between the researcher and participant

3. Emergency situations

4. Any other (please specify)

**I hereby assure that the rights of the participants will not be violated.**

**Following are the measures described in the Protocol for protecting confidentiality of data and privacy of research participant**

**1.**

**2.**

**3.**

Undertaking: I hereby declare that contents of the soft and hard copies of this document submitted to the IHEC are the same.

Principal Investigator’s signature with date: