

Annexure 18
Application form for requesting waiver of consent

1. Principal Investigator's name:

2. Department:

3. Title of project:

4. Names of co-investigators and Department/s:

5. Request for waiver of informed consent:

- Please tick the reason(s) for requesting waiver (Please refer the back of this annexure for criteria that will be used by IEC to consider waiver of consent).

[1] Research involves 'not more than minimal risk' ☐

[2] There is no direct contact between the researcher and participant ☐

[3] Emergency situations as described in ICMR Guidelines ☐

[4] Any other (please specify)

- Statement assuring that the rights of the participants are not violated

- State the measures described in the Protocol for protecting confidentiality of data and privacy of research participant

Principal Investigator's signature with date:

Final decision at full board meeting held on:

Signature of the Chairperson with Date: _____