Attachment D—Waiver of Informed Consent Application

**Principal Investigator / Project Director**

Name: Click or tap here to enter text.

Person ID or Student ID Number (if known): Click or tap here to enter text.

Email: Click or tap here to enter text.

**Project Information**

Project Title (250 character maximum)

Click or tap here to enter text.

Yes  No Is this waiver application for a study that has previously been approved by UWL’s IRB?

If yes, what was the date of your approval letter? Click or tap to enter a date.

**Waiver Type**

Waiver of informed consent for participants 18+ years of age

Waiver of informed consent for parents or legal guardians of minor participants (persons younger than 18 years of age)

Waiver of informed consent for legal guardians of persons 18+ years of age with legally appointed decision-makers

**Questions**

**Does your research meet all of the federal requirements for a waiver of consent as outlined by** **45 CFR 46.116(f)(3) of the Common Rule? If you would answer no to any of the following, you may have to revise your protocol in order to request a waiver.**

1. The research involves no more than minimal risk to the subjects.
2. The research could not practicably be carried out without the requested waiver or alteration.
3. If the research involves using identifiable private information or identifiable biospecimens, the research could not practicably be carried out without using such information or biospecimens in an identifiable format (if not applicable to your research, put N/A for #3).
4. The waiver or alteration will not adversely affect the rights and welfare of the subjects.
5. Whenever appropriate, the subjects or legally authorized representatives will be provided with additional pertinent information after participation.

**Please provide justifications for each of the above, and number them accordingly:** Click or tap here to enter text.

**This section is only for those who are requesting waivers of informed parental or legal guardian consent:**

**Is your research being conducted in or are you recruiting participants via any of the following service providers?**

K-12 school, school district, or school program

Childcare or other child service facility/provider

Nursing home, senior/assisted living, or other assisted care facility/provider

Other (e.g., care providers for vulnerable populations): Click or tap here to enter text.

**Provide the name of the school, district, or facility/provider:** Click or tap here to enter text.

Yes  NoHave you received prior approval or support from the school, district, or facility/provider to conduct this research?

Yes  No Was the use of opt-out, passive, or implied parental/legal guardian consent forms specifically requested by the facility/provider listed above?

Attach any letters of support and/or commitment from school, district, or facility/provider officials at the end of this document.

**Please provide additional justification(s) as to why you feel that your research must be conducted using opt-out, passive, or implied informed parental/legal guardian consent. Increased participation for researcher benefit is not an appropriate justification for research involving minors or other vulnerable populations.**

Click or tap here to enter text.