**AX1-V5/SOP14/V5**

**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)

1. Research involves ‘less than minimal risk ’
2. There is no direct contact between the researcher and participant
3. Retrospective studies, where the participants are de-identified or

cannot be contacted-

1. Certain types of public health studies/surveillance programmes/programme evaluation studies-
2. Research on anonymized biological samples/data
3. Research on using data available in the public domain
4. Any other (please specify)- [ PI to provide justification for the waiver of consent]

* 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**