

Institutional Ethics Committee [IEC]
Super Speciality Paediatric Hospital & Post Graduate Teaching Institute
Sector-30, Noida, Gautam Budh Nagar, U.P.[201303]

Application Form for requesting Waiver of Consent

1. **Principal Investigator's name:** _____

2. **Department:** _____

3. **Title of project:** _____

4. **Names of other participating staff and students:**

5. **Request for waiver of informed consent:**

- ☐ Please check 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 (ICMR 2006 Guidelines-
http://www.icmr.nic.in/ethical_guidelines.pdf)
 - 4. Any other (please specify)

Statement assuring that the rights of the participants is not violated

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

Signature of PI

Name _____

Date _____