



**University of Illinois
at Urbana-Champaign**

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WAIVER OR ALTERATION OF INFORMED CONSENT (45CFR46.116(D))

ALL APPLICATIONS MUST BE TYPEWRITTEN, SIGNED, AND SUBMITTED AS SINGLE-SIDED HARD COPY. PLEASE, NO STAPLES!

Responsible Project Investigator (RPI):

Last Name:	First Name:	Dept. or Unit:
Phone:	Fax:	E-mail:

Project Title:

To request IRB approval of a waiver of the requirement to obtain informed consent completely, or of a consent procedure which does not include, or which alters, some or all of the elements of informed consent, please provide a response to ALL of the following questions. Please be specific in explaining why each statement is true for this research.

1. The research involves no more than minimal risk to the subjects.

2. The waiver or alteration will not adversely affect the rights and welfare of the subjects.

3. The research could not practicably be carried out without the waiver or alteration.

4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

RPI Signature: _____ Date: _____

IRB Member Approval: _____ Date: _____