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| **Ethics Review Committee**  SIDCER(Strategic Initiative for Developing Capacity in Ethical Review)recognized ERC  **Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka**  **FWA00013225**  **Waiver of Informed Consent Request Form** | | | |
|  | | | |
| Name of Principal Investigator | |  | |
| Protocol Number | |  | |
| Title of Study | |  | |
|  |  | |  |
|  | Does the research involve more than minimal risk to participants? | |  |
|  | Will the waiver of informed consent adversely affect the welfare and rights of the participants? | |  |
|  | Reasons for requesting a consent waiver –  Please tick the reason(s) | |  |
|  | 1. There is no direct contact between the researcher and participant | |  |
|  | 1. Retrospective studies, where the participants are de-identified or cannot be contacted | |  |
|  | 1. Certain types of public health studies/surveillance programmes/programme evaluation studies | |  |
|  | 1. Research on anonymized biological samples/data | |  |
|  | 1. Research on using data available in the public domain | |  |
|  | 1. Any other (please specify)- | |  |
|  | Attach a statement including the following information- | |  |
|  | 1. justification for the waiver of consent | |  |
|  | 1. assurance that the rights of the participants are not violated | |  |
|  | 1. measures described in the protocol for protecting confidentiality of data and privacy of research participant | |  |
| My signature below indicates my assurance that my answers to the above questions are complete, true and accurate. | | | |
| Name & Signature of PI/ Designee : | | | Date: |