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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** |
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| 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
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|  | 1. Retrospective studies, where the participants are de-identified or cannot be contacted
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|  | 1. Certain types of public health studies/surveillance programmes/programme evaluation studies
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|  | 1. Research on anonymized biological samples/data
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|  | 1. Research on using data available in the public domain
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|  | 1. Any other (please specify)-
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|  | Attach a statement including the following information- |  |
|  | 1. justification for the waiver of consent
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|  | 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: |