

Annexure 1 AX 01/SOP 19/V6.1



Application form for requesting waiver of consent INSTITUTIONAL ETHICS COMMITTEE (IEC)

Seth GS Medical College and KEM Hospital, Mumbai.

Project Registration No.

1. Principal Investigator's name: _____

2. Department: _____

3. Title of project:

4. Names of other participants, staffs 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 2017 Guidelines-
http://www.icmr.nic.in/ethical_guidelines.pdf)

[4] Any other (please specify)

- 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: _____

Final decision at full board meeting held on: _____

Waiver granted Yes No.

If not granted, reasons _____

Signature of the Chairperson with Date: _____