Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Review Board web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IRB evaluation process.

Enter information by clicking the ☐ box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IRB website**](http://research.umbc.edu/institutional-review-board-human-subjects/) **for all up-to date guidance and information regarding the below questions.**

Protocol Approval Number: Click here to enter text.

Protocol Title:  Click here to enter text.

Investigator(s): Click here to enter text.

To request a waiver of documentation (signature) on informed consent, please provide a response to **ONE OR MORE** of the following statements. Please be specific in explaining why either statement is true for your research. Please see the [Office of Human Research Protections FAQ](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html#nodequeue_14-page_4-22) for more information

|  |  |
| --- | --- |
| **1. The only record linking the participant and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality.**  | [ ] Yes [ ] No |
| *If you answer this question and the IRB grants the waiver of written consent request, each participant must be asked whether the participant wants documentation linking the participant with the research and the subject’s wishes will govern.* |
| *Please explain:*       |
| **2. The research presents no more than a minimal risk of harm to participants and involves no procedures for which written consent is normally required outside the research context.** *(e.g., drawing a blood sample, or asking shoppers in a mall about the ambient lighting or temperature)* | [ ] Yes [ ] No |
| *Please explain:*       |
| **3. It is expected that the participant will not be able to sign their name or even make an x *or* are wary of signing documents from a cultural perspective.** | [ ] Yes [ ] No |
| *Please explain:*       |
| Note: The IRB requires the investigator to provide subjects with an information sheet regarding the research. Submit the information sheet with your application. |

**If yes, please provide justification for waiving documentation of consent that is specific to your study:** Click here to enter text.

*[Please explain how, in the absence of signed written consent forms, consent will be documented, e.g. tape recordings, videos, chart notes, etc.]* **This justification MUST be included in the “Consent” section of the IRB application.**

**Check the below on which process will be used to record consent:**

[ ]  Audio recording

[ ]  Video recording

[ ]  Web based (on-line) consent acknowledgement box

[ ]  Information Sheet

[ ]  Other(s) - Please specify: Click here to enter text.

**Electronically submit the protocol and any accompanying documents to** [**irbsubmissions@umbc.edu**](file:///%5C%5Csharedvol.ad.umbc.edu%5CDept%5CORA%5CHARPO%5CIRB%5Cirb%20forms%5Cirbsubmissions%40umbc.edu)**.**

By typing your name, email address and date, the investigator(s) certify they will abide by all UMBC IRB policies and procedures and understand that no research activities will be conducted with human participants prior to obtaining the required approvals.

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

Faculty Advisor's Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

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**IRB Action**

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Approved, IRB Chair/Date

(request for waivers of consent form) – 06/13/2017