**APPLICATION FOR WAIVER OR ALTERATION OF CONSENT**

**Email this form and all study documents in Microsoft® Word format to** **mhadmhasirb@ct.gov**

TITLE OF STUDY:

**DATE OF APPLICATION:**

**PRINCIPAL INVESTIGATOR:**

DESCRIBE THE WAIVER THAT IS BEING REQUESTED*:*

Check the category below that applies to the request.

[ ]  CATEGORY I

 (1) The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; (iv) possible changes in methods or levels of payment for benefits or services under those programs; and

 **How does the research meet this criterion?**

 (2) The research could not practicably be carried out without the waiver or alteration.

 **How does the research meet this criterion?**

[ ]  CATEGORY II

 (1) The research involves no more than minimal risk to the subjects;

 **How does the research meet this criterion?**

 (2) The research could not practicably be carried out without the waiver or alteration;

 **How does the research meet this criterion?**

 (3) If the research involves using identifiable private information or identifiable biospecimens, the research could not practicably be carried out without using such information or biospecimens in an identifiable format;

 **How does the research meet this criterion?**

 (4) The waiver or alteration will not adversely affect the rights and welfare of the subjects; and

 **How does the research meet this criterion?**

 (5) Whenever appropriate, the subjects or legally authorized representatives will be provided with additional pertinent information after participation.

 **How does the research meet this criterion?**

***By printing my name below, I certify that I will conduct the research as described in this application and approved by the DMHAS IRB.***

**Principal Investigator Name Date Time**