**APPLICATION FOR WAIVER OF DOCUMENTATION OF INFORMED CONSENT**

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

**TITLE OF STUDY:**

**DATE OF APPLICATION:**

**PRINCIPAL INVESTIGATOR:**

**CHECK THE CATEGORY BELOW THAT APPLIES TO THE REQUEST:**

[ ]  **CATEGORY I**

 (1) The research presents no more than minimal risk of harm to subjects;

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

 (2) The only record linking the subject and the research would be the informed consent form and the principal risk would be potential harm resulting from a breach of confidentiality; and

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

 (3) Each subject or legally authorized representative will be asked whether the subject wants documentation linking the subject with the research and the subject’s wishes will govern.

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

[ ]  **CATEGORY II**

 (1) The research presents no more than minimal risk of harm to subjects; and

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

 (2) Involves no procedures for which written consent is normally required outside of the research context.

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

[ ]  **CATEGORY III**

 (1) The research presents no more than minimal risk of harm to subjects;

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

 (2) The subjects or legally authorized representatives are members of a distinct cultural group or community in which signing forms is not the norm; and

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

 (3) There is an appropriate alternative mechanism for documenting that informed consent was obtained.

 **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**