



Ethics Review Committee
Faculty of Medicine, Wayamba University of Sri Lanka

Waiver of Informed Consent Request Form

Name of Principal Investigator	
Protocol Number	
Title of Study	

1 Does the research involve more than minimal risk to participants? Yes No

2 Will the waiver of informed consent adversely affect the welfare and rights of the participants? Yes No

3 Reasons for requesting a consent waiver –
Please tick the reason(s)

a) There is no direct contact between the researcher and participant

b) Retrospective studies, where the participants are de-identified or cannot be contacted

c) Certain types of public health studies/surveillance programs/program evaluation studies

d) Research on anonymized biological samples/data

e) Research on using data available in the public domain

f) Any other (please specify)-

4 Attach a statement including the following information-

a) justification for the waiver of consent

b) assurance that the rights of the participants are not violated

c) 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: