**APPLICATION FOR WAIVER OR ALTERATION OF CONSENT**

**Email this form and all study documents in Microsoft® Word format to** [**mhadmhasirb@ct.gov**](mailto: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**