**APPLICATION FOR WAIVER OF DOCUMENTATION OF INFORMED 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:**

**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**