|  |  |
| --- | --- |
| **Participant Name:** |  |
| **Participant HC Number:** |  |
| **Participant Date of birth:** |  |
| **Participant Gender:** |  |
| **Participant Nationality:** |  |
| **Proposal Title:** |  |

A waiver of all the consent requirements is requested because this research [involves no risk to the subjects. Their rights and welfare will not be adversely affected since data related to patients on sensitive issues will not be collected. This research also could not be carried out practicably without a waiver of the consent requirements. Information regarding collected data will be kept confidential].

The text in red colour is an example of the reason behind asking for a waiver of informed consent.

|  |  |
| --- | --- |
| **PI’s Name:** |  |
| **Date:** |  |
| **Signature:** |  |

***Note: Waiver of Informed consent is given only if all the conditions below are fulfilled:***

1. a study is conducted retrospectively
2. data are collected from patient notes for the purpose of research in an anonymized way
3. No more than minimal risk to the subject
4. The research could not practically be carried out without the waiver
5. The research would not adversely affect the rights and welfare of the subject

***Note 2: obtaining a waiver of consent from PHCC IRB does not ensure acceptance of the manuscript for publication by the journal. Increasingly journal editors are requesting a copy of a signed consent form, before agreeing to publish case reports. A clear justification usually needs to be provided if a case report is submitted for publication without formal and specific written consent from the patient or guardian or in the case of a death, from the next of kin.***