

ERC Form: Waiver of Informed Consent Assessment



WAIVER OF INFORMED CONSENT ASSESSMENT FORM

STUDY PROTOCOL INFORMATION

RIHS ERC Code:	
Study Protocol Title:	
Principal Investigator:	
Study Protocol Submission Date:	

INSTRUCTIONS

To the Principal Investigator: Please indicate in the space provided the specified element addressed **by your application for waiver of the informed consent form (ICF)**. To facilitate the evaluation of the assessment point, indicate the page and paragraph where this information can be found.

The final decision would be granted upon the approval of the Ethics Review Committee.

To the Primary Reviewer: Please evaluate how the elements outlined below have been appropriately addressed by the protocol, as applicable, by confirming the submitted information and putting your comments in the space provided under "REVIEWER COMMENTS." Finalize your review by indicating your conclusions under "RECOMMENDED ACTION" and signing in space provided for the primary reviewer.

	To be filled out by the PI	
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Essential Elements (as applicable to the study)	Page and paragraph where element is found	REVIEWER COMMENTS
1. Statement that the study involves research		-
2. Statement describing the purpose of the study		-
3. Statement describing how the waiver will not adversely affect the rights of the subjects to privacy		-
4. Statement describing how subjects' identity will be anonymized		-
5. Statement on specific subject data (including dates covered) will be obtained for the purpose of the research		-
6. Statement that there will be no communication with subjects in connection with the research		-
Maria Milagros U. Magat, MD Chair, RIHS ERC Address: 2/F JMC Bldg., Aurora Blvd., Quezon City Email: ethicsreviewcommittee@uerm.edu.ph Tel: +63 2 7161843		

TYPE OF REVIEW:

☐ FULL BOARD

☐ EXPEDITED

RECOMMENDED ACTION:

☐ APPROVE

☐ MINOR MODIFICATIONS

((any revision not included as major revision, any clarification))

☐ MAJOR MODIFICATIONS

(Revision of ICF except for typographical and administrative revisions, change in study design, change in sample size, adding or removing procedure to improve study methods)

☐ DISAPPROVE

☐ DEFERRED, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE

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JUSTIFICATION FOR RECOMMENDED ACTION

PRIMARY REVIEWER	Signature _____
Date:	Name _____
ERC SECRETARY	Signature _____
Date:	Name _____
ERC CHAIR	Signature _____
Date:	Name _____