# Request for Waiver of Consent

## Project Details

### Project PRN: Click or tap here to enter text.

### Project title: Click or tap here to enter text.

### PI name: Click or tap here to enter text.

In line with Section 2.3.10 of the *National Statement on Ethical Conduct in Human Research 2007 (Updated 2018)* the HREC or other review body must be satisfied that the proposed research meets the criteria listed in the table below.

This form should be completed and signed by the Principal Investigator (PI) for the project.

|  |  |  |
| --- | --- | --- |
| **National Statement Criterion** | **Question** | **Investigator Response** |
| 1. *Involvement in the research carries no more than low risk to participants*
 | Does the research meet all low risk requirements outlined in the Low Risk Checklist completed as part of the Low Risk Research Cover Sheet? | [ ]  Yes[ ]  No |
| 1. *The benefits from the research justify any risks of harm associated with not seeking consent*
 | In the opinion of the Principal Investigator, do the benefits from the research justify any risks of harm associated with not seeking consent? | [ ]  Yes[ ]  No |
| 1. *It is impracticable to obtain consent (for example, due to the quantity, age or accessibility of records)*
 | Why is it impracticable to obtain consent from participants? (multiple answers permitted) | [ ]  Quantity of records[ ]  Age of records[ ]  Accessibility of records[ ]  No current contact information available for participants[ ]  Participants are deceased[ ]  Other, as detailed belowClick or tap here to enter text. |
| 1. *There is no known or likely reason for thinking that participants would not have consented if they had been asked*
 | Is there any known or likely reason for thinking that participants would not have consented if they had been asked? | [ ]  Yes[ ]  No |
| 1. *There is sufficient protection of participant privacy*
2. *There is an adequate plan to protect the confidentiality of data*
 | How will patients’ privacy be protected and confidentiality of data ensured? (multiple answers permitted) | [ ]  Deidentified data[ ]  Access to data sets restricted to nominated researchers[ ]  Secure data storage plan[ ]  Other, as detailed belowClick or tap here to enter text. |
| 1. *In case the results have significance for the participants’ welfare there is, where practicable, a plan for making information arising from the research available to them (for example, via a disease-specific website or regional news media)*
 | In case the results have significance for the participants’ welfare, what plan is in place for making information arising from the research available to them? | [ ]  Publication of results on a disease-specific website[ ]  Publication of results through regional news media[ ]  This research will not have significance for participants’ welfare [ ]  Other, as detailed belowClick or tap here to enter text. |
| 1. *The possibility of commercial exploitation of derivatives of the data or tissue will not deprive the participants of any financial benefits to which they would be entitled*
 | Is there a possibility of commercial exploitation of derivatives of the data or tissue collected in this study? | [ ]  Yes[ ]  No |
| 1. *The waiver is not prohibited by State, federal or international law*
 | To the best of the Principal Investigator’s knowledge, is this waiver prohibited by State, federal or international law? | [ ]  Yes[ ]  No |

**PI Sign Off and Declaration**

I declare the information entered in this form is true and accurate.

|  |  |  |
| --- | --- | --- |
| **Form completed by**  | **Signature**  | **Date**  |
|  |  |  |

We are proud to be a smoke-free site.

Thank you for not smoking or vaping in any buildings or on our grounds.

This document can be made available in alternative formats on request.

© North Metropolitan Health Service 2023