Protocol Waiver Exception Request

Project Info

File No: -1
PI:
Project Title:
Submitted: N/A
Submitted by: N/A

Event Info

Event No: -1-Ref No : -1
Notes:

Common Questions

1. Protocol Waiver/Exception Request

#	Question	Answer
1.1	Has the sponsor approved this request? (required by the Island Health REB)	
1.2	Participant ID(s):	
1.3	Type of waiver requested:	
1.4	Description of protocol waiver/exception request:	
1.5	Reason protocol waiver/exception is needed:	
1.6	Criteria affected by the protocol waiver/exception:	
1.7	Please provide rationale for answers checked above:	
1.8	Have you requested this protocol waiver/exception before?	
1.9	Do you think this protocol waiver/exception is likely to be needed again?	
1.10	Has this protocol waiver/exception request been submitted to any other Research Ethics Board(s)?	
1.11	Do you recommend a change to the protocol based on this protocol waiver/exception request?	
1.12	Do you recommend a change to the site's consent form?	
1.13	Do you recommend a change to the study-wide consent form?	
1.14	If a change to the consent form(s) is recommended, do you plan to re-consent current participants?	
1.15	Please describe any recommendations and re-consenting process if applicable:	