IRB Waiver Request Form
For Requests Submitted to NYCHP IRB

Section 1: To be completed by researcher

Name of Researcher: _____

Name of Research Project: _____

Briefly describe the protected health information that is needed for the research project:

_____

_____

Briefly describe the reasons why the research could not practicably be done without the protected health information listed above:

_____

_____

_____

Briefly describe the reasons why the research could not practicably be done without a waiver of authorization (i.e., describe reasons why it is not practicable to have patients sign an authorization form):

_____

_____

_____

Briefly describe your plan to protect identifiable information from improper uses and disclosures (include information on where the information will be stored and who will have access to the information):

_____

_____

_____

Briefly describe your plan to destroy identifiable information at the earliest opportunity consistent with conduct of your research protocol, including a description of when and how the information will be destroyed:

_____

_____

_____

By my signature below, I attest that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart.

Signature of Researcher _____

Section II: To be completed by the IRB

Please check the method by which the waiver request was reviewed:

- ❑ Full IRB review
- ❑ Expedited review procedures

The IRB (or representative if this was an expedited review) has determined that the following Criteria have been met: (please check all that apply)

- ❑ There is an adequate plan to protect the identifiable information from improper use and disclosure
- ❑ There is an adequate plan to destroy identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law
- ❑ The researcher's signature above provides adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart
- ❑ The research could not practicably be conducted without the requested waiver of authorization
- ❑ The research could not practicably be conducted without access to and use of the protected health information

IRB determination:

- ❑ The above criteria have been met and the request is APPROVED
- ❑ Some of the criteria have not been met and the request is DENIED

Signature of IRB Officer or Representative _____

Date of IRB Action: _____