

Institutional Review Board
203 B-1 David Boyd Hall
Louisiana State University and A&M College
Baton Rouge, LA 70803

(225) 578-8692
FAX: (225) 578-6972
irb@lsu.edu

**LSU IRB
REQUEST FOR WAIVER OF SIGNED INFORMED CONSENT**

***** A copy of the script you will use for oral consent should be included with this form. This script should contain the necessary elements for written informed consent (see [http://appl003.lsu.edu/osp/osp.nsf/\\$content/LSU%20IRB%20Documents/\\$File/chkfst.txt](http://appl003.lsu.edu/osp/osp.nsf/$content/LSU%20IRB%20Documents/$File/chkfst.txt))**

***** This form may not be used for exemptions involving children.**

FROM: Name: _____

Department _____

TO: Robert C. Mathews, Chairman
Institutional Review Board for Research with Human Subjects

DATE: _____

RE: **IRB#** _____

TITLE: _____

I am requesting waiver of signed Informed Consent because:

(a) The consent document would create the ***principal risk*** of participating in the study.

Or

(b) The research presents ***no more than minimal risk*** of harm to subjects and involves no procedures for which written consent is normally required.