OHRP NOTIFICATION OF A WAIVER OF THE CONSENT PROCESS FOR PLANNED EMERGENCY RESEARCH

June 26, 2012

<Send when the research is subject to OHRP oversight.>

Division of Policy and Assurances Office for Human Research Protections The Department of Health and Human Services 1101 Wootton Parkway, Suite 200 Rockville, MD 20852 (866) 447-4777 (301) 496-7005 <u>ohrp@osophs.dhhs.gov</u>

Dear Sir or Madam:

On *<Date of IRB Meeting>* the IRB approved a protocol involving a 45 CFR §46 WAIVER OF INFORMED CONSENT REQUIREMENTS IN CERTAIN EMERGENCY RESEARCH (Federal Register Wednesday, October 2, 1996, 61(192):51531-51533):

The institution conducting the research is:

| Organization: | |
|-------------------|--|
| FWA: | |
| IRB Registration: | |
| Address: | |
| Contact Name: | |
| Contact Title: | |
| Contact Phone: | |
| Contact Fax: | |
| Contact Email: | |

This notification is in regard to:

| Type of Review: | <indicate continuing,="" initial,="" modification="" or=""></indicate> |
|---------------------|--|
| Title: | |
| Investigator: | |
| IRB ID: | |
| Funding: | <indicate "none"="" if="" is="" none.="" there=""></indicate> |
| Grant Title: | <indicate "none"="" if="" is="" none.="" there=""></indicate> |
| Grant ID: | <indicate "none"="" if="" is="" none.="" there=""></indicate> |
| IND, IDE or HDE: | <indicate "none"="" if="" is="" none.="" there=""></indicate> |
| Documents Reviewed: | |
| IRB Review Date: | |

Attached are the following documents in hard copy and on the enclosed CD-ROM in PDF format:

- a. Relevant IRB minutes that document the findings required by the notification in the Federal Register Wednesday, October 2, 1996, 61(192):51531-51533.
- b. The IRB application form.
- c. Other information requested or required by the IRB to be considered during initial IRB review.
- d. Most current version of protocol and grant application submitted to and reviewed by the IRB and modified by the principal investigator if required by the IRB.
- e. Most current version of consent documents submitted to and reviewed by the IRB and modified by the principal investigator if required by the IRB.
- f. Relevant DHHS grant application or proposal. (*delete if not applicable*)
- g. Other relevant IRB minutes. (*delete if not applicable*)
- h. Relevant IRB correspondence. (*delete if not applicable*)

Sincerely,

IRB Manager

cc: <Protocol Contact> <Investigator> <Sponsored Projects Services (SPS)>