

**Department of  
Veterans Affairs**

**Memorandum**

Date:

From: Principal Investigator

Subj: Waiver of Informed Consent

To: Subcommittee on Human Studies (IRB)

1. This is a request for approval of a waiver of informed consent in the conduct of the research study entitled “**INSERT TITLE OF RESEARCH STUDY.**”
2. The proposed study poses **less than minimal or minimal** risk to the privacy of the subjects because:
  - There is no intervention or interaction with a human subject (all data is preexisting).
  - The research will use solely preexisting data (electronic medical records).
  - The information in the research database will be recorded by the investigators in such a way that it can not be linked to the subject. Subject numbers (i.e. 1, 2, 3, 4, etc) that are stripped of all personal identifiers will be used in the data spreadsheet.
3. The proposed study cannot be practicably conducted without a waiver because it is a retrospective chart review or analysis of preexisting medical data; and the subjects will not be contacted personally for participation in the study.
4. The waiver of informed consent will not adversely affect the subjects’ rights and welfare.

**(PI’s signature required)**

**PI NAME IN ALL CAPS**

**\*PLEASE NOTE: MUST ALSO SUBMIT HIPAA WAIVER MEMORANDUM**