

**Request For Waiver Of Consent For Retrospective study / Retrospective
Part Of The Study**

Name of the study-

Applicant Name-

IEC Number –

Guide/ PI Name –

Address –

Phone No. –

Email Id –

The project includes the retrospective study hence waiver for the study /that part of study is requested to the members of ethical committee.

The following instruction will be followed –

- 1). All efforts have been made to contact the patient and seek his consent.
- 2). The identity and information regarding patients has been kept confidential.
- 3). All efforts have been taken to protect the privacy/ secrecy of information regarding patient as per required guidelines.
- 4). If the patient is not found alive Legal Acceptance Representative (LAR) will be taken.

(Signature of Principal Investigator))