

## IRB Waiver Form

**Instructions:** Please read and complete all sections carefully. Any missing information may result in a delay in the review of your submission.

<b>Sponsor:</b>	<b>Protocol #:</b>
<b>Principal Investigator's Name:</b>	

### Facility Information

Hospital/University Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax:	

**I, the Principal Investigator, hereby certify that I have notified the above-referenced hospital/university of the procedures to be conducted at said facility in conjunction with research identified above.**

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

### Hospital/University Waiver

This section is to be completed by the IRB Chairperson, CEO or Medical Director of this hospital or university facility at which procedures for this research study will be conducted.	
The Investigator named above is authorized to conduct the research identified above at this facility. (Please check the appropriate box, then sign and date.)	
<input type="checkbox"/> This hospital/university maintains an institutional review board or ethics committee and this Board waives jurisdiction and accepts the review services and oversight of Compass IRB, LLC.	
<input type="checkbox"/> This hospital/university does not maintain an IRB, waives jurisdiction, and accepts the review services and oversight of Compass IRB, LLC.	
Comments (optional):	
Name: _____	
Title: _____	
Signature: _____	Date: _____
Email: _____	Phone Number: _____