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| **KSU-IRB Form 003-E\_WAIVER OF CONSENT**  **Original Version, 17 October 2024** |
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**THIS TEMPLATE IS EDITABLE**

**To:**  **Prof. Fahad A. Bashiri**

Chairman

Standing Sub-Committee for Human Research Subjects Ethics

King Saud University, Riyadh, Kingdom of Saudi Arabia

**Subject**: Requesting Waiver of Consent

**Study Title: “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”**

Greetings.

I would like to request a waiver of consent for the above-mentioned retrospective study with the aims to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There will be no disclosure of patients’ identifiable information except to the study team members and no collection of any sensitive information. No identifiable information will be included in the manuscript text or any of its related files such as tables and graphs. Identifying study participants in any outputs arising from the study will not be possible. Data files will be created, password-protected, and stored within the University’s secure cloud storage platform, OneDrive/Database which avails of advanced threat detection and is protected by the same multi-factor security. The final electronic dataset will be stored within the University’s secure cloud storage platform. Access to data will be provided to the research team only. Data will be stored for a period of five years after the study has ended; after this time, data will be securely destroyed in line with Good Clinical Practice guidance.

Your kind approval is highly appreciated.

Thank you.

Sincerely yours,

Name of the Principal Investigator/Signature/Date