



REQUEST TO WAIVE USE OF THE CHRISTUS HEALTH IRB

SUBMIT completed form to christus.ird@christushealth.org

Protocol Title	
Principal Investigator	
Research Facility	
Sponsor	
Sponsor Representative	
Phone	
Email Address	
Commercial/Central IRB requested	
Waiver justification # 1	
Waiver justification # 2	
Waiver justification # 3	

Authorized Sponsor Signature & Title

Date

System Director of Research, and Institutional Official
CHRISTUS Institute for Innovation & Advanced Clinical Care

Date

Approved

Denied

Note: For any questions, contact christus.ird@christushealth.org

(Version 1.0; April 11, 2018)