

Jupiter Medical Center
 Institutional Review Board
REQUEST FOR WAIVER OF IRB FEES

ADMINISTRATIVE INFORMATION	
Study Title:	
Principal Investigator:	
Sponsor:	

Date Submitted to Clinical Research/IRB:

PRINCIPAL INVESTIGATOR'S STATEMENT AND SIGNATURE
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I, the undersigned, hereby request a waiver of the normal IRB administrative fee due to the nature of this study. One of more of the following conditions is true (Check all that apply and provide documentation, as appropriate):

<input type="checkbox"/>	Research conducted by JMC students and/or team members and research project that is in alignment with a JMC program	Comments:
<input type="checkbox"/>	Research that is investigator-initiated and research project that is in alignment with a JMC program	Comments:
<input type="checkbox"/>	Emergency or compassionate use cases when life threatening- to be determined on a case by case basis when treated at JMC	Comments:
<input type="checkbox"/>	Devices being regulated under a Human Device Exemption (HDE) that is in alignment with a JMC program	Comments:
<input type="checkbox"/>	JMC IRB relinquishes oversight to another (outside) IRB. (Fees for IRB Acknowledgment may apply)	Comments:
<input type="checkbox"/>	Other: Each case will be considered on a case by case basis and approved by the Vice President responsible for the Clinical Research Department	Comments:

PRINCIPAL INVESTIGATOR'S SIGNATURE	DATE OF SIGNATURE

THIS SECTION IS FOR ADMINISTRATIVE USE ONLY

DIRECTOR OF CLINICAL RESEARCH		ACTION	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
SIGNATURE:		DATE:		
CO-CHAIR/ JMC IRB		ACTION	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
SIGNATURE:		DATE:		
CHAIR / JMC IRB		ACTION	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
SIGNATURE:		DATE:		
VICE-PRESIDENT		ACTION	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
SIGNATURE:		DATE:		

08/09/12, 11/12, 09/15