

Principal Investigator:	Phone:
Department:	E-Mail:
Contact Person:	Phone:
	E-Mail:
Project Title:	
IRB # (if applicable):	eRS # (if applicable):

1. Select the exception to the policy you are requesting .

- Exception to the collection of names, addresses or social security numbers
- Exception to payment method
- Other, please describe:

2. What type of payment process do you propose using in place of the policy requirement?

3. What are the unique study population or design characteristics that justify an exception to the policy?

Signature of Principal Investigator

Date

Approved
 Denied

Signature

Date