This Form should be used to proactively request authorisation to deviate from an approved SOP. Note that a waiver is only required if you propose to carry out an activity for your project in a way that is not consistent with the approved SOP. If an activity is not applicable to your project, a SOP waiver is not required.

|  |  |
| --- | --- |
| Project name: |  |
| Principal Investigator: |  |
| Epworth Ref: |  |

|  |  |
| --- | --- |
| SOP No.: |  |
| SOP Title: |  |
| SOP Version: |  |

Clearly describe the alternate procedure and indicate what elements of the approved SOP cannot be followed and why.

|  |
| --- |
| Reason for request  |
|       |
| Name: |       | Signature: |  | Date: |       |

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| --- |
| Clinical Quality Coordinator Review and Recommendation |
| Waiver approved: [ ]  Yes [ ]  No |
| Reason  |
|       |
| Name: |       | Signature: |  | Date: |       |

|  |
| --- |
| Group Director Research and Development Authorisation |
| Waiver approved: [ ]  Yes [ ]  No |
| Reason  |
|       |
| Name: |       | Signature: |  | Date: |       |