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: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  |