



Protocol Exemption Request Form

To be completed by the site			
Site Information			
Site Name:			
Principal Investigator:			
Site Fax Number		Email:	
Subject Information			
Subject Initials (FF-LL)		Date of Birth (dd/mm/yyyy)	
Subject Study ID: (if already enrolled)			
Exemption Request (tick one only)	<input type="checkbox"/> Eligibility criteria <input type="checkbox"/> During study conduct		
Requested By (name):		Request Date: (dd/mm/yyyy)	
Description of exemption request: (include specific criteria and reason why exemption is needed)			
Fax to +61 2 9385 9214 or email to sharp-c@kirby.unsw.edu.au			

To be completed by the Kirby Institute			
Name of Investigator:		Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Investigator		Date: (dd/mm/yyyy)	
Protocol Exemption Number:		Faxed to site: (dd/mm/yyyy)	

Please enter the protocol exemption no. in baseline e-CRF if the exemption is granted for the study eligibility criteria
Please keep this form in the Study Investigator Folder