

To,
The Member Secretary,
Institutional Ethics Committee,
Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

Date:

REQUEST FOR WAIVER OF CONSENT

Name of the Primary Investigator:

Name of the Guide:

Name of the Department:

Year:

Title of the Project:

It is not feasible to obtain individual informed consent of study participants in this study. Hence, I request you to waive the requirement of obtaining individual informed consent.

I shall be using **extracted teeth/retrospective CBCT data/retrospective OPG/ modify as per requirement** for the above research. However, I assure you that the confidentiality of the information will be ensured and no identifying information related to the data of the participants will be disclosed in any report/publication arising from the study.

I request you to grant me waiver of consent.

Name and Signature of Primary Investigator

Name and Signature of the Guide

