



METHODIST

The Nebraska Methodist Hospital
8303 Dodge Street
Omaha, Nebraska 68114
(402) 354-4000

Institutional Review Board Waiver of IRB Fees Form

This form is to be used to waive Methodist IRB fees.

TITLE of Clinical Research Study*

Principal Investigator's Name / Credentials*

Methodist IRB ID♦

Date of Original Methodist IRB Approval♦

Select One*

Study is seeking complete waiver of all associated IRB Fees.

Study is seeking one time fee of \$2,000.00 to match fee schedule prior to January 20, 2023.

Study is seeking modification to fee schedule to be detailed below.

Provide Additional Details for Exemption Below:

Investigator's Certification*

I certify the provided information on this form is complete and accurate to the best of my knowledge. I will advise The Nebraska Methodist Institutional Review Board of any changes to the above completed fields when I become aware.

Signature of Principal Investigator or designee*/**

Printed Name of Principal Investigator or delegated staff*

Title of Principal Investigator or delegated staff*

Date (If not provided above)

IRB Approval*

I certify the IRB Fees will be waived for this study or match the requested schedule above. The exemption meets requirements outlined in the IRB handbook.

Signature of IRB Chairman, NMH President, or designee*/**

Printed Name Signatory*

Date (If not provided above)

* required field

** An electronic signature or typed name constitute a binding electronic signature for this study.

♦ These fields can be completed after the form is signed if pending IRB processing for information.