

**Request to Waive the Collection of SSNs for Paid Research Subjects**

Please provide the fund and org that will be assessed the charge for participant payments:

Fund \_\_\_\_\_

Org \_\_\_\_\_

PI Name \_\_\_\_\_

What IRB approval number is this study under (if applicable)?

IRB Approval # \_\_\_\_\_

PI Name \_\_\_\_\_

Please explain why it is not possible to collect an SSN from the research participants in this situation.

\_\_\_\_\_

Please describe what negative effects may result for the project if the SSN collection is not waived.

\_\_\_\_\_

How many participants are in this study and what will you be paying them?

Number of participants \_\_\_\_\_

Amount or value of payments \_\_\_\_\_

Is there any possibility that your research participants could be part of other WSU projects (research or others) and receiving participant payments for those other projects during the calendar year?

Yes                      No

If the waiver is granted, please describe the full process you will use for the management of the payments:

What information will be collected and what method of receipts will be used?

\_\_\_\_\_

What other controls are included in your study design to monitor and assure financial integrity of these funds?

\_\_\_\_\_

IRB Administrator (optional) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Director, Purchasing & AP \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed document to  
kristie.courtney@wichita.edu**