Legally Authorized Representative

Surrogate Consent

*This page allows for the documentation of surrogate consent from a legally authorized representative (LAR). This signature page is to be used in conjunction with an IRB-approved consent document. This signature page may be uploaded to ERICA and is electronically stamped upon IRB approval. Using this approved signature page enables the documentation of surrogate consent from an LAR without making changes to the signature block in the approved consent document.*

***DIRECTIONS FOR USE OF THIS TEMPLATE:***

* *Replace bracketed items in the header, such as “[Title of Study]” with the requested information.*
* *Instructions in red font should be deleted.*
* *Below the signature block, remove any categories of surrogate decision-makers that won’t be utilized and have not been approved for use with this research study.*
* *Before obtaining signatures, ensure that the consent document version date is written. It may be hand-written.*
* *After the surrogate decision-maker has signed, keep the original copy with the consent document. Make a copy for the surrogate decision-maker to keep with a copy of the consent. If appropriate, a copy should be provided to the participant as well.*

*For Research Staff Use Only***Consent Document Version Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEGALLY AUTHORIZED REPRESENTATIVE CONSENT STATEMENT:**

I confirm that I have read the consent and authorization document. I have had the opportunity to ask questions and those questions have been answered to my satisfaction. I am willing and authorized to serve as a surrogate decision maker for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name

I have been informed of my role and my obligation to protect the rights and welfare of the participant. I understand that my obligation as a surrogate decision maker is to try to determine what the participant would decide if the participant were able to make such decisions or, if the participant’s wishes cannot be determined, what is in the participant’s best interests. I will be given a signed copy of the consent and authorization form to keep.

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Name of Authorized Personal Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Personal Representative Date

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Name of person obtaining consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent Date

Check the category that best describes the surrogate decision maker’s relationship to the study participant: ***Only use categories of individuals that have been approved by the IRB for this research study.***

* Individual authorized with legal authority to provide consent on behalf of the participant (e.g., an individual named in an Advance Health Care Directive or in a Medical Power of Attorney)
* Spouse
* Adult child (18 years of age or over) for his or her parent
* Parent for an adult child
* An adult sibling
* A grandparent for an adult grandchild
* An adult grandchild (18 years of age or older) for a grandparent