Self-Certification of Surrogate Decision Makers for Potential Subject's Participation in University of California Research

Section 1:

I am willing to serve as a surrogate decision maker for _____
(Potential Subject)

to participate in _____
(Title of research project and IRB #)

research conducted by_____
(Principal Investigator)

Section 2:

Category of Potential Surrogate	Check ( ) the category that best describes your relationship to the potential subject:	For the categories listed above yours, provide the name(s) of other relatives. *(For example, if you are the adult son or daughter of the potential subject, provide the names of adults, if any, who are best described by categories 1-4 only)*
1. Agent named in the potential subject's advanced health care directive.		1. _____
2. Conservator or guardian of the potential subject, with authority to make health care decisions for the potential subject		2. _____
3. Spouse of the potential subject.		3. _____
4. Domestic partner of the potential subject		4. _____
5. Adult son or daughter of the potential subject		5. _____
6. Custodial parent of the potential subject		6. _____
7. Adult brother or sister of the potential subject		7. _____
8. Adult grandchild of the potential subject		8. _____
9. Adult whose relationship to the potential subject does not fall within one of the above listed categories and is best described as: _____ (Example: cousin, aunt, etc.)		9. _____

Section 3:

The following section information must be completed only for surrogate consent to participate in research in non-emergency settings:

(Check the statement which best describes the basis of your knowledge of the potential subject)

_____ I live with the potential subject and have done so for _____ years.

_____ I have discussed participation in research with the potential subject and believe that I can carry out his/her preferences.

_____ Other (please describe): _____
_____

Section 4:

Potential Surrogate's Contact Information:

Name: _____

Address: _____

_____

Home Phone: ( ) _____
Work Phone: ( ) _____
Cell Phone: ( ) _____

E-mail: _____

_____ ___/__/____ _____ ___/__/___
Signature of Potential Surrogate Date Signature of Witness Date