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.

2. Conservator or guardian of the potential subject, with authority to make health care decisions for the potential subject

3. Spouse of the potential subject.

4. Domestic partner of the potential subject

5. Adult son or daughter of the potential subject

6. Custodial parent of the potential subject

7. Adult brother or sister of the potential subject

8. Adult grandchild of the potential subject

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.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
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