**Section 1: Research Information**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Research Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB #:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: IRB Application Information**

For use of surrogate consent in research, investigators must follow their IRB-approved application for use of a surrogate decision maker: *(Check that each criterion has been met)*:

The protocol-specific planfor assessment of the decision-making capacity by the investigator of any research participants who may require the consent of a legally authorized representative, including the below, has been followed.

The research participant has been determined to lack capacity to consent, and the investigator has made a reasonable effort to describe the research to the participant in a manner consistent with the standard consent process and indicate the intent to obtain surrogate consent.

The research participant has not expressed resistance or dissentto being in the research or to the use of the surrogate consent by word or gesture.

The highest level of surrogate found on the date of the form is completed is one the identified on this form.

**Section 3: Category of Potential Surrogate**

Check the category that best describes the relationship between thestudy participant and the surrogate decision maker.

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. Registered domestic partner of the potential subject.
5. Adult child of potential subject.
6. Custodial parent of the potential subject.
7. Adult sibling of the potential subject.

***The remaining selections may only be utilized in non-emergency room settings, as specified in California Health & Safety Code Section 24178:***

1. Adult grandchild of the potential subject.
2. An available adult relative with the closest degree of kinship to the potential subject, whose relationship to the potential subject does not fall within one of the above listed categories, and which relationship can best be described as (e.g., aunt; uncle; cousin; etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Potential Surrogate’s Contact Information**

Check one of the applicable boxes:

I have a way to reach the surrogate decision maker.

Should follow up information be needed or should a surrogate need to be re-consented, any of the following contact information may be used:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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