

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

Section 1: Research Information

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 on the line provided for the applicable categories. (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 in 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. Registered domestic partner of the potential subject.

- 5. Adult son or daughter of 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. 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 3: Surrogate Consent in Research Non-Emergency Settings

The following section information must be completed only for surrogate consent to participate in research 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: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
Email: _____

(Signature of Potential Surrogate)

(Date)

(Signature of Witness)

(Date)