

Legally Authorized Representative Identification Form
Adult Subjects

RESEARCH PROTOCOL#: _____

PRINCIPAL INVESTIGATOR: _____

PATIENT/RESEARCH SUBJECT: _____

NAME AND ADDRESS OF AGENT OR SURROGATE
WHO IS LEGALLY AUTHORIZED REPRESENTATIVE:

Certification of identification of a **health care agent** or a **surrogate** who is the legally authorized representative (choose correct statement by marking with an X; complete the second statement if chosen):

_____ I certify that I have verified that the legally authorized representative of the patient/research subject is a **health care agent**, named above, who has been appointed by the patient/research subject under a written advance directive. I have reviewed the advance directive and determined that it does not prohibit the agent from enrolling the patient/research subject in the study named above. I will place a copy of the advance directive in the research file.

OR

_____ I certify that I have been unable to identify a health care agent appointed by the patient/research subject. I have determined that the legally authorized representative of the patient/research subject is the **surrogate**, named above, who is the first available surrogate health care decision maker for the research subject under Maryland law. The relationship of the surrogate to the research subject is (check the correct relationship):

- Court appointed guardian (attach copy of court order)
- Spouse
- Adult child
- Parent
- Adult Brother or sister
- FOR NON-VA RESEARCH ONLY** Close friend or other relative (this surrogate must complete the affidavit on the next page)
- FOR VA RESEARCH ONLY** Grandparent
- FOR VA RESEARCH ONLY** Adult grandchild

Investigator

Date



**AFFIDAVIT OF SURROGATE WHO IS CLOSE FRIEND OR RELATIVE
OF PATIENT/RESEARCH SUBJECT**

Patient/Research Subject: _____

Close Friend or Relative: _____

1. I am at least 18 years old and I am competent to make this statement.
2. I am a close friend or relative of the patient/research subject named above.
3. I have maintained regular contact with the patient/research subject sufficient to be familiar with the patient's activities, health, and personal beliefs. My contact with the patient/research subject is (choose one or more, and add information as appropriate):
 - a. I have known the patient/research subject as a close friend for _____ years.
 - b. (add any additional information supporting the status of close friend or relative)

Signature of Relative/Close Friend

Date