Drexel University College of Medicine

Self-Certification of Surrogate Decision Makers for Potential Subject's Participation in a Research Study

Section 1: I am willing	to serve as a surrogate decision maker for
•	e Potential Subject) e in a research study
(Title of rese	earch project and University Project Number or WIRB number)
(Principal In	vestigator)
	ng individuals may be considered capable of providing surrogate consent, in the following order of priority. Please Circle the category that best describes your relationship to the potential
Highest	 A health care proxy appointed by the subject in a power of attorney; A court-appointed guardian authorized to consent to the subject's participation in the research study by a valid court order; Spouse or domestic partner; Adult child; Adult grandchild; Natural or adoptive parent; Grandparent;
Lowest	8. Adult brother or sister.
Are there an	y individuals who are in a higher level of priority than you? YES NO
Are there an	y other individuals who are within the same level of priority as you? YES NO
	other individuals at the same level of priority as you, do you believe y give surrogate consent on behalf of all the other individuals within f priority? YES NO
Name:	rrogate's Contact Information: Home Phone Number:
Work Phone	:: Cell Phone Number
maker. I und	the investigators have explained to me the role and responsibilities of a surrogate decision derstand I will also be asked to read and sign a consent form explaining the research study. Potential Surrogate Date
Signature of	Potential Surrogate Date

Surrogate Consent Self-certification Form 1-31-05