

RECORD OF CHOICE OF A SURROGATE DECISION MAKER

Name of Patient: _____

C#: _____

Title of Research Project: _____

Principal Investigator: _____

You are being asked to participate in the research project named above. Because you are not able to consent on your own behalf you may wish to choose a person you trust (a surrogate) to make a decision about participation in this research, which holds out a prospect of direct benefit to you (therapeutic research). You may choose to designate a surrogate or you may choose not to designate a surrogate. If you choose a surrogate you retain the right to object to participation in the research. If you choose a surrogate you may change your mind and remove the surrogate and withdraw from the research at any time. You can limit the authority of the surrogate by including a statement of your wishes or instructions regarding participation in therapeutic research. Unless you limit the level of risk to which the surrogate can consent the surrogate may consent to therapeutic research involving significant risk. If you want to participate in the research but you do not want to choose a surrogate you can ask the facility to apply to a court for approval for you to participate in the research instead of you choosing a surrogate.

Instructions for the surrogate (if any):

I agree to participate in the above named research protocol. I hereby choose a person I trust to make decisions about participation in this study for me:

I HEREBY CHOOSE _____(Name of Person) TO CONSENT OR WITHHOLD CONSENT TO MY PARTICIPATION.

Address and telephone number of surrogate (if known):

Signature of Patient

Date

Witnesses

I declare that the person who signed or asked another to sign this document is personally known to me, appears to be capable of choosing a surrogate and is acting willingly and free from duress. He or she signed (or asked another person to sign for him or her) this document in my presence. If another person signed the form at the patient's request that person signed in my presence.

I am not the person appointed as agent by this document. I am not associated in any way with this research.

Signature of witness and date

Signature of witness and date

Address of Witness

Address of Witness

(_____)_____
Telephone Number of Witness

(_____)_____
Telephone Number of Witness

Signature of the person who provided
the information orally to the patient

Date