**Signature Block for use with the LAR of an Adult Unable to Consent**

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| *[When approved by the IRB, this section should be used if the participant does not have the decisional capacity to consent to his/her participation.]*  The following are considered to qualify as Legally Authorized Representatives and may act on behalf of decisionally incapacitated adults in New York State (listed in descending order of priority). Please select the category that describes your relationship with the study participant. [CHECK ONE]  A health care agent properly designated on a health care proxy form  A court-appointed guardian or committee under the New York Surrogates Court Procedure Act Article 17-A  The spouse  An adult son or daughter  A parent  An adult brother or sister; or  A close friend: “an adult (l8 years or older) who has a close personal relationship with the subject and provides a signed written statement that they are a close friend of the subject and that they have maintained such regular contact with the subject as to be familiar with the subject’s activities, health, religious or moral beliefs, and some means of corroborating such familiarity”  Briefly explain your relationship as a “close friend” of the study participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your signature documents your permission for the named subject to take part in this research. By signing this form you are not waiving any of your legal rights, including the right to seek compensation for injury related to negligence or misconduct of those involved in the research. | | |
|  |  |  |
| Printed name of subject |  |  |
|  |  |  |
| Signature of legally authorized representative |  | Date |
|  |  | |
| Printed name of legally authorized representative |
| |  |  |  | | --- | --- | --- | | Assent Process | * Assent is not to be obtained because the capability of the adult subject is so limited that the subject cannot reasonably be consulted. Conditions for which this applies: ***[Enter applicability conditions as per the study protocol]*** * Assent will be obtained verbally using an assent script. Conditions for which this applies: ***[Enter applicability conditions as per the study protocol]*** * Assent will be obtained via signature using an assent document. Conditions for which this applies: ***[Enter applicability conditions as per the study protocol]*** |  |   I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the subject. | | |
|  |  | |
|  |  |  |
| Signature of person obtaining consent |  | Date |
|  |  |  |
| Printed name of person obtaining consent |  |  |

***[Delete this signature box, unless a witness will observe the consent process, e.g., if short form of consent documentation is used, illiterate subjects will be included, or the IRB has otherwise determined that a witness is required (IRB would notify investigator of the latter).]***

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| My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject. | | |
|  |  |  |
| Signature of witness to consent process |  | Date |
|  |  | |
| Printed name of person witnessing consent process |