

Legally Authorized Representative Identification Form Adult Subjects

_ _
_
who is the legally authorized representative and statement if chosen): sentative of the patient/research subject is a by the patient/research subject under a written d determined that it does not prohibit the
y named above. I will place a copy of the
ent appointed by the patient/research subject. of the patient/research subject is the e health care decision maker for the research ate to the research subject is (check the
ther relative (this surrogate must complete
gator



$\frac{\textbf{AFFIDAVIT OF SURROGATE WHO IS CLOSE FRIEND OR RELATIVE}}{\textbf{OF PATIENT/RESEARCH SUBJECT}}$

Patient/Resea	ırch Su	bject:	
Close Friend	or Rel	ative:	
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	