**Signature Page: Legally Authorized Representative**

**(Remove if not applicable for the study)**

For use when a participant is incapable of providing informed consent. The form must be signed by the Legally Authorized Representative (LAR).

**Research Participant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Research Participant**

I agree to take part in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assent Signature of Research Participant (if participant is able)

­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

The following, in descending order of legal authority, can serve as the participant’s LAR. The study participant cannot be enrolled in the study if there is more than one LAR in the highest category, the LARs disagree and there is no majority.

Check the appropriate box for the LAR providing consent for research purposes.

**For Pennsylvania:** Remove this section if not applicable

A court appointed guardian. The document should be provided or verified in EPIC.

A Health Care Durable Power of Attorney. The document should be provided or verified in EPIC.

Spouse, unless one of you has filed for divorce

Adult child

Parent

Adult sibling

Adult grandchild

Close friend

**For New Jersey**: Remove this section if not applicable.

The court appointed guardian, if the guardian has authority to make health care decisions for the participant. The document should be provided or verified.

The Health Care Representative named in an advanced directive for health care. The document should be provided or verified.

Spouse or civil union partner

 Domestic Partner [see Section 3 of P.L.2003, 2c.246 (C.26:8A-3)]

Adult child

Parent

Adult sibling

Adult grandchild

Available adult relative with the closest degree of kinship

**Legally Authorized Representative**

As the Legally Authorized Representative (LAR), I allow the research participant to take part in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of LAR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAR Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

**Witness (not involved with the research study or the study doctor) – REQUIRED IN NEW JERSEY. RECOMMENDED, BUT NOT REQUIRED IN PENNSYLVANIA.**

I confirm that I witnessed the consent process and that the information in the consent form and any other written information was explained to the LAR.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

**Person Obtaining Consent**

I confirm that the research study was thoroughly explained to the LAR. I reviewed the consent form with the LAR and answered all questions. The LAR appeared to have understood the information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Obtaining Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date