

**GEISINGER MYCODE® COMMUNITY HEALTH INITIATIVE  
SIGNATURE FOR LEGALLY AUTHORIZED REPRESENTATIVE**

I agree to take part in this research study and allow my health information to be used and shared for research as explained in this form.

- A blood sample may be collected and used for MyCode research when I have a blood draw.
- If researchers find information that could be important to my health care, MyCode staff may share that information with me and my doctor and place it in my Geisinger medical record.
- A member of the Geisinger MyCode team may contact me to ask if I want to participate in future MyCode approved studies and to collect additional information.
- My questions have been answered.
- I will get a signed copy of this form.

**SIGNATURE**

I am willing to serve as a legally authorized representative for the below-named participant. My signature documents my permission for the named participant to take part in this research.

- ☐ The patient gave verbal assent to participate.
- ☐ The patient is not capable of providing assent.
- ☐ The patient did not provide verbal assent to participate (under which circumstance the individual should not be enrolled, regardless of the LAR's decisions).

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**Research Participant Name (Please Print)**

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**Research Participant Date of Birth**

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**LAR/POA Name (Please Print)**

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**Signature of LAR/POA**

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**Date of Consent**

The following individuals are capable of serving as a legally authorized representative (LAR). Please **CHECK THE CATEGORY** that best describes the LAR's relationship with the patient:

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|  | Health Care agent appointed by the patient using an advance directive (Durable Healthcare Power of Attorney or living will).   |
|  | Court-appointed guardian authorized to consent to the patient's participation in the protocol in a current court order issued within the patient's jurisdiction.   |
|  | Health care representative appointed by a patient with the capacity to do so (may be appointed verbally).  |
|  | If none of the above three types of surrogate decision maker is applicable, the legally appropriate health care representative(s) should be identified by working through PA Act 169 of 2006's 6-tier hierarchy (below), from the first tier (spouse) to the sixth (adults with knowledge...), as necessary until an available, willing representative is found. Diligent efforts should be made to identify any and all members of the relevant tier class before moving to the next tier; after checking the EHR, search engine and social media searches can be helpful, as can asking the person who accompanied the patient to Geisinger. Note that <i>all</i> members of the same hierarchy tier have equal authority and in principle should collectively decide for the patient. No one is obligated to serve as a health care representative; however, they may not delegate this role to someone outside the hierarchy; if all members of a tier decline, move to the next tier. |
|  | Spouse (unless an action for divorce is pending) <u>and</u> adult child(ren) of the patient who are not the children of the current spouse   |
|  | Adult child(ren)   |
|  | Natural or adoptive parent(s)  |
|  | Adult brother(s) and/or sister(s)  |
|  | Adult grandchild(ren)  |
|  | Adult(s) with knowledge of the patient's preferences and values, including, but not limited to, religious and moral beliefs, to assess how the patient would make health care decisions. Unless related by blood, marriage, or adoption, the adult may not be the patient's attending physician or other health care provider, nor an owner, operator, or employee of a health care provider in which the patient receives care  |