



LAR CONTACT INFORMATION FORM

ID NUMBER:

FORM CODE:

DATE: 6/28/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form should be completed for every ARIC participant with a Legally Authorized Representative (LAR). See the sIRB Reconsent Guide for information regarding when a participant requires a LAR.

A. LAR CONTACT INFORMATION

1. Is the LAR one of the contacts listed in the Contact Information Update (CIU) Form?

- Yes
- No → **Go to item 2**

1a. Which contact is the participant's LAR?

- Contact #1 (CIU10) → **Save and close form**
- Contact #2 (CIU14) → **Save and close form**
- Contact #3 (CIU18) → **Save and close form**
- Proxy (CIU23) → **Save and close form**

2. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

3. Mailing Address:

a. Street Address 1: _____

b. Street Address 2: _____

c. City: _____

d. State:

e. Zip Code: -

4. Primary Phone Number: () -

4a. Phone type: Cell phone
 Landline

5. Is there a secondary phone number to document?

Yes
 No → **Go to item 7**

6. Secondary Phone Number: () -

6a. Phone type: Cell phone
 Landline

7. Relationship: ▼

8. Email: _____

9. Comments:

Appendix 1

Drop-down menu items for 'Relationship' question on the LAR.

Relationship	Value in CDART
AUNT	A
BROTHER	B
BROTHER (IN LAW)	C
BROTHER (STEP)	D
COUSIN	E
DAUGHTER	F
DAUGHTER (IN LAW)	G
DAUGHTER (STEP)	H
EX WIFE	I
FATHER	J
FATHER (IN LAW)	K
FATHER (STEP)	L
FRIEND	M
GRAND CHILD	N
HEALTH CARE AGENT	HH
HUSBAND	O
MOTHER	P
MOTHER (IN LAW)	Q
MOTHER (STEP)	R
NEIGHBOR	S
NEPHEW	T
NIECE	U
PARTNER	GG
PASTOR/MINISTER/PRIEST	V
SIGNIFICANT OTHER	FF
SISTER	W
SISTER (IN LAW)	X
SISTER (STEP)	Y
SON	Z
SON (IN LAW)	AA
SON (STEP)	BB
UNCLE	CC
WIFE	DD
OTHER - SPECIFY IN NOTE LOG	EE