

DREXEL UNIVERSITY COLLEGE OF MEDICINE
POLICY ON SUBSTITUTED (SURROGATE) CONSENT

VERIFICATION OF SPOUSE OR DOMESTIC PARTNERSHIP STATUS

With respect to an individual from whom an investigator seeks to obtain substituted consent and who claims to be a spouse or domestic partner but has a different last name than the subject, the investigator is responsible for verifying that such individual qualifies as a spouse or domestic partner for purposes of this policy. Spouse or domestic partnership status shall be verified by obtaining three (3) of the following pieces of supporting documentation:

1. Joint mortgage or lease ();
2. Designation by one of the spouses/domestic partners of the other spouse/partner as primary beneficiary under a life insurance policy ();
3. Designation by one of the spouses/domestic partners of the other spouse/partner as primary beneficiary of retirement benefits ();
4. Designation by one of the spouses/domestic partners of the other spouse/partner as primary beneficiary under a will ();
5. Joint ownership of an automobile (), joint bank account (), or joint credit account ().

Notwithstanding the foregoing, an individual may verify that he or she is the spouse of the subject by providing a valid marriage certificate () without the need for the investigator to obtain copies of three of the above-listed documents. In the case of a same-sex domestic partnership, domestic partnership status may be demonstrated by obtaining a copy of a City of Philadelphia Life Partnership Agreement (without the need to obtain copies of three of the above-listed documents), under which each domestic partner confirms joint responsibility for each other's common welfare and the sharing of financial obligations ().

Copies of the documents obtained as part of the process of verifying spouse or domestic partnership status shall be maintained in the research records, along with a copy of this Verification form which contains check-offs for each document that has been obtained and which has been signed and dated by the investigator and the spouse/domestic partner.

Signature of Investigator

Date

Spouse/Domestic Partner

Print Name

Date