



INSTRUCTIONS FOR THE LAR CONTACT INFORMATION FORM

I. General Instructions

The LAR Contact Information Form (LAR) should be completed for every ARIC participant with a Legally Authorized Representative (LAR). Staff can find information about whether a participant requires a LAR by going to one of the following reports:

- Annual and Semi-Annual Tracing Sheet
- Recruitment Report
- Snapshot Report

Within these reports, you will see a field labeled “LAR Requirement”, and either “Meets LAR Requirement” or “Does Not Meet LAR Req” will be displayed. If a participant has “Meets LAR Requirement”, the LAR Form must be completed, and the LAR must provide consent for the participant under the new single IRB in the ICTX Form.

MOP42 (sIRB Reconsent Guide) contains detailed information on ARIC dementia classification and how the LAR Requirement variable was defined.

II. Detailed Instructions for Each Item

- 0a. Enter the date on which the LAR contact information was collected, or the date data are confirmed and no changes are made.
- 0b. The person at the clinic who has collected the information enters their code number in the boxes provided.
1. Record whether the LAR is one of the contacts on the CIU Form. If Yes, continue with item 1a and specify if the LAR is Contact #1 (CIU10), Contact #2 (CIU14), Contact #3 (CIU18), or the Proxy (CIU23). IF the LAR is not identified in the CIU, select No and skip to item 2.
2. Record the LAR’s Title, First Name, Middle Name and Last Name in 2a-2d.
3. Record the LAR’s Mailing Address in 3a-3e.
4. Record the LAR’s Primary Phone Number. Select the phone type (Cell phone or Landline) in 4a.
5. Select whether there is a secondary phone number to document for the LAR. If Yes, continue with item 6. If No, skip to item 7.
6. Record the LAR’s Secondary Phone Number. Select the phone type (Cell phone or Landline) in 6a.
7. Select the relationship that best describes the relationship between the participant and the LAR. Note, these relationship options are the same as those that appear in the CIU, with one addition of Health Care Agent. If the LAR is both a relative and a Health Care Agent, staff should pick the relative option over the Health Care Agent.
8. Record the LAR’s email address.
9. Provide any additional comments or helpful information about the LAR.

Appendix 1

Drop-down menu items for 'Relationship' question (Q6) on the LAR Form.

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