STUDY SITE SIGNATURE/DELEGATION OF RESPONSIBILITY LOG

Principal Investigator: _____ Study #: _____ Sponsor: _____

Study Title: _____

PRINT NAME	TITLE	SIGNATURE	INITIALS	*STUDY TASKS	START DATE	END DATE

List individual delegated study related tasks (ICH GCP 4.1.5). Signature and initials are required of all persons authorized to make entries and/or corrections on CRFs/data collection forms, all supporting personnel and all sub-investigators listed on the Form FDA 1572 (if applicable). Update this log in a timely manner as new personnel are added and/or study roles change.

***Delegated Study Tasks:**

These are most common examples. Add/delete as necessary to meet your study needs

1. Obtain Informed Consent
2. Obtain Medical History
3. Perform Physical Exam
4. Assess Eligibility Criteria
5. Dispense Study Drug/device
6. CRF Completion
7. CRF Queries
8. Query completion
9. Maintain Regulatory Docs
10. Maintain IRB documents
11. Data Monitoring
12. Safety Monitoring
13. Other:
14: Other:

PI Signature (Close Out): _____ Date: _____