**Delegation of Responsibilities Log**

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| **Investigator Name:** | **Protocol:**  | **IRB#:** |

List staff to whom the Principal Investigator (PI) has delegated significant study-related duties.

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| **Name** | **Responsibilities\***  | **Initials**  | **Signature** | **Start Date** | **End Date** | **PI Initials/Date**  |
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By initialing above, I, the PI, declare that during the conduct of the above study, I have delegated the said study-related activities.

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| **\*Responsibilities**  |
| Administer Consent Screen SubjectsObtain Medical HistoryPerform Physical ExamDetermine Eligibility | Randomize SubjectsDispense Study DrugDrug AccountabilityAssess Adverse EventsComplete Source Documents | Complete Study FormsProvide Discharge InstructionsMake Follow-up Phone Calls Query Management |

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_