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**Delegation of Authority Log**

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| **Investigator’s Name:** | **Protocol Title:**  | **IRB Project No.**  |
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 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 following study-related activities:

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| **Responsibilities Legend** |
| 1. Obtain Consent
2. Screen Subjects
3. Obtain Medical History
4. Perform Physical Exam
5. Determine Eligibility
6. Obtain study samples
 | 1. Laboratory processing
2. Shipping of samples
3. Review Safety parameters
4. Randomize Subjects
5. Dispense Study Drug
6. Administer IMP
7. Administer IDP
8. Drug Accountability
 | 1. Assess Adverse Events
2. Complete Source Documents
3. Complete Case Report Forms
4. Provide Discharge Instructions
5. Make Follow-up Phone Calls
6. Others, specify \_\_\_\_\_\_\_\_
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 Signature of Principal Investigator: Date: