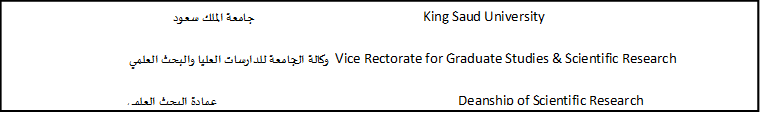
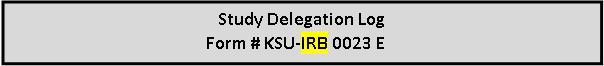
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**Delegation of Authority Log**

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| --- | --- | --- |
| **Investigator’s Name:** | **Protocol Title:** | **IRB Project No.** |
|  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:

|  |  |  |
| --- | --- | --- |
| **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 \_\_\_\_\_\_\_\_ |

Signature of Principal Investigator: Date: