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| **DELEGATION OF AUTHORITY LOG** |
| **PI Name:** Click or tap here to enter text. | **Protocol:** Click or tap here to enter text. | **Site Number** *(if applicable)***:** Click or tap here to enter text. |
| **Study Staff 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. Administer Consent
2. Screen Subjects
3. Obtain Medical History
4. Perform Physical Exam
5. Determine Eligibility
 | 1. Randomize Subjects
2. Dispense Study Drug
3. Drug Accountability
4. Assess Adverse Events
5. Complete Source Documents
 | 1. Complete Study Forms
2. Provide Discharge Instructions
3. Make Follow-up Phone Calls
4. Query Management
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**PI Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_/\_\_\_/\_\_\_\_\_\_ [x]  Check this box if this is the last page