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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PI Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_/\_\_\_/\_\_\_\_\_\_  Check this box if this is the last page