**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 Subjects  Obtain Medical History  Perform Physical Exam  Determine Eligibility | Randomize Subjects  Dispense Study Drug  Drug Accountability  Assess Adverse Events  Complete Source Documents | Complete Study Forms  Provide Discharge Instructions  Make Follow-up Phone Calls  Query Management |

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