|  |
| --- |
| **Log of Delegation of Responsibilities and Signatures** |
|  |  |
| **Study** |  |
| **Principal Investigator** |  | **Site** |  |

*Insert additional responsibilities as required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | Informed Consent | E | Case Report Form entry | J | Study Assessments |
| B | Vital Signs | F | Physical Examination | K | Safety Reporting |
| C | Venepuncture/Cannulation | G | Medical History | L |  |
| D | Administration of IMP | H | Review of Lab Results | M |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Responsibilities** | **From (Date)** | **Until (Date)** | **Signature** | **Initials**  | **PI Signature** | **Date** |
| Dr. Joe Bloggs | Sub-investigator | A-J | 1/1/06 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |