

DELEGATION OF AUTHORITY LOG TEMPLATE

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STUDY NO.	STUDY TITLE	SITE ID	SITE NAME	PRINCIPAL RESEARCHER

SUBJECT NO.	NAME	DESIGNATION	ROLE IN THE STUDY <small>*see table</small>	RESEARCHER INITIALS	RESEARCHER SIGN AND DATE	START DATE	PI SIGN AND DATE	END DATE	PI SIGN AND DATE

ROLE IN THE STUDY

CODE	RESPONSIBILITY	CODE	RESPONSIBILITY
01	Screening and Enrolling Participants	08	CRF Completion and Correction
02	Taking Medical History and Vitals Data	09	Laboratory Sample Collection
03	Data Collection	10	Dispensing and Accountability
04	Randomizing Procedures	11	Reporting of Adverse Events and Severe Adverse Events
05	Data Collecting and Storage	12	IRB Communication
06	Query Resolution	13	Other, specified
07	Informed Consent Processing		

Signature of Principal Researcher

Date

**To be signed at the end of the study*

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