# Delegation of Authority Log (Site #\_\_\_\_\_\_\_\_)

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| **Sponsor Name:** | **Protocol Number:** |
| **PI Name:**  |

The purpose of this form is to: a) serve as the Delegation of Authority Log and b) ensure that the individuals performing study-related tasks/procedures are appropriately trained and authorized by the investigator to perform the tasks/procedures. This form should be completed prior to the initiation of any study-related tasks/procedures. The original form should be maintained at your site in the study regulatory/study binder. This form should be updated during the course of the study as needed.

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| Principal Investigator (PI) Information[[1]](#footnote-1) | Study Responsibilities[[2]](#footnote-2) | Study Start/Stop Dates | PI Initials & Date |
| PI Printed Name: | PI is responsible for all tasks and study oversight | Start: |  |
| PI Signature: | Stop: |  |
| Study Staff Information | Study Responsibilities: (Enter number associated with task(s) assigned | Study Start/Stop Dates | PI Initials & Date |
| Staff Printed Name: | Staff Initials: |  | Start: |  |
| Study Role: | Staff Signature: | Stop: |  |
| Staff Printed Name: | Staff Initials: |  | Start: |  |
| Study Role: | Staff Signature: | Stop: |  |

1. ROLES: PI=Principal Investigator; Sub-I=Sub-Investigator, SC/RC=Study/Research Coordinator, O=Other (specify) [↑](#footnote-ref-1)
2. RESPONSIBILITIES: Individuals with tasks delegated by the PI should be qualified for these tasks by education, training, and experience as evident from their CV. The ultimate responsibility for the tasks performed remains with the PI.

1 = Obtain Informed Consent 2 = Confirm Inclusion/Exclusion 3 = Enter Medical History and Medication Information 4 = Enter Adverse Event Data

5 = Enter Adverse Event Assessments 6 = Laboratory specimen Collection 7 = Laboratory specimen processing 8 = Laboratory specimen shipping

9 = Manage regulatory records 10= Manage investigational product records 11= Other (specify) 12= Other (specify) [↑](#footnote-ref-2)