



SITE PERSONNEL

SIGNATURES & DELEGATED RESPONSIBILITIES

Investigator: _____

Project: _____

Study Site: _____

Sponsor: _____

List all study team members, i.e., individuals that require protocol training/orientation to perform tasks and procedures required for this study. Initiate a **Study Team Member Training Log** for each member listed above (except pharmacist).

NAME (PRINT OR TYPE)	TITLE OR POSITION	Task* Codes		SIGNATURE	INITIALS	Dates (OF WORK ON STUDY)
		Codes	**PI's Initials			
	Investigator		NA			From: To:
	Coordinator					From: To:
	Sub-					From: To:
						From: To:
						From: To:
						From: To:
						From: To:
						From: To:
						From: To:

**Delegated
Responsibilities***

- | | |
|---|---|
| A = Make eligibility / termination decisions | E = Evaluate adverse events (occurrence/severity) |
| B = Obtain informed consent | F = Evaluate adverse events (cause/relatedness) |
| C = Direct medical care of subject
(treatment decisions) | G = Prescribe study drugs/devices |
| D = Make data entries and corrections | H = Maintain product accountability records |

Other Study Tasks

- I = _____
J = _____
K = _____
L = _____

**Investigator's initials indicates approval of task delegation

TO BE SIGNED AT END OF STUDY:

I confirm that this list accurately reflects the delegation of responsibilities for the conduct of the study.

Investigator Signature: _____

Date: _____