**Delegation of Authority Log**

**Study Title:**

**IRB Control #: PI: Sponsor:**

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| --- | --- | --- | --- | --- | --- |
| **Name of Study Personnel** | **Signature of Study Personnel** | **Start Date** | **Study Responsibilities** | **End Date** | **PI Initials and Date** |
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**Principal Investigator Signature at Closeout: Date:**

**Study Responsibilities: (Please note that these should be modified and specific to the protocol)**

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| --- | --- | --- | --- | --- | --- |
| 1 | Subject Screening and Eligibility | 5 | Case Report Form (CRF) Completion | 9 | IRB Submissions |
| 2 | Obtain Informed Consent | 6 | Case Report Form (CRF) Review/Sign Off | 10 | Regulatory Maintenance |
| 3 | Randomization | 7 | IP Accountability | 11 | Other: |
| 4 | Perform Subject Assessments | 8 | Data Entry |  |  |