Delegation of Responsibilities Log

Investigator Name: ___________________________ Protocol: ___________________________ Site Number: ___________________________

List staff to whom the Principal Investigator (PI) has delegated significant study-related duties.

<table>
<thead>
<tr>
<th>Name</th>
<th>Responsibilities*</th>
<th>Initials</th>
<th>Signature</th>
<th>Start Date</th>
<th>End Date</th>
<th>PI Initials/Date</th>
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</table>

By initialing above, I, the PI, declare that during the conduct of the above study, I have delegated the following study-related activities:

### Responsibilities Legend

1. Administer Consent
2. Screen Subjects
3. Obtain Medical History
4. Perform Physical Exam
5. Determine Eligibility
6. Randomize Subjects
7. Dispense Study Drug
8. Drug Accountability
9. Assess Adverse Events
10. Complete Source Documents
11. Complete Study Forms
12. Provide Discharge Instructions
13. Make Follow-up Phone Calls
14. Query Management
15. ___________________________

Signature of Principal Investigator: ___________________________ Date: ___________________________

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