

Research Team Delegation of Authority Log

Principle Investigator: _____

College/Dept: _____

Business Finance Representative: _____

The purpose of this form is to serve as the overall Delegation of Authority Log for a research team led by a Principal Investigator and to ensure that the individuals performing study-related tasks/procedures are appropriately trained and authorized by the investigator to perform the tasks/procedures.

	Obtain Informed Consent	Assess Inclusion and Exclusion Criteria	Physical Examination	Medical History	Medication History / Concomitant Medication	Collect Vital Signs	Laboratory Specimen Collection/Shipping	Review Vital Signs and Labs for Clinical Significance	Source Document Completion	Case Report Form (CRF) Completion	AE Inquiry and Reporting	AE/SAE interpretation (severity/relationship to IP)	Administration of Investigational Product (IP)	IP Accountability	Regulatory Document Maintenance	Study Management	Finance/Invoicing
Please Print																	
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY ROLE:	SIGNATURE: _____														INITIALS: _____		
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY ROLE:	SIGNATURE: _____														INITIALS: _____		
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY ROLE:	SIGNATURE: _____														INITIALS: _____		
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY ROLE:	SIGNATURE: _____														INITIALS: _____		

I certify that the above individuals are appropriately trained and are authorized to perform the above study-related tasks/procedures. Although I have delegated significant trial-related duties, as the principal investigator, I still maintain full responsibility for this trial.

Investigator Signature: _____

Date: _____