# STUDY STAFF SIGNATURE/DELEGATION OF RESPONSIBILITY LOG

**Principal Investigator:** **Protocol #:**

**Study Title:**

| PRINT STAFF NAME | TITLE | SIGNATURE | INITIALS | *STUDY TASKS (CODES) | START DATE | END DATE | PI INITIALS |
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**RESPONSIBILITY CODES:** Add/delete as necessary to meet your study needs

1. Obtain Informed Consent
2. Obtain Medical History
3. Perform Physical Exam
4. Assess Eligibility Criteria
5. Dispense Study Drug/device
6. CRF Completion
7. CRF Queries
8. Maintain Regulatory Documents
9. Maintain IRB Documents
10. Data Monitoring
11. Safety Monitoring
12. Other:_____
13. Other:_____

The above persons are working under my supervision and have permission appropriate to their level of expertise to perform study procedures as described.

**PI Signature (Close Out): _____Date: _____**