

Delegation of Responsibility and Staff Signature Log

Protocol Title:	IND #:
Protocol Number:	Sponsor: UAMS
Facility:	Investigator:

Use One Vertical Column for Each Designee

Designee (Full Name)					
Title and Position					
Delegated Activity (See Codes Below)					
Designee Signature And Date					
Designee Initials (As Signed Above)					

Activity Codes:

- | | |
|---|---|
| 01: Obtain Informed Consent
02: Perform Physical Exam
03: Conduct Subject Interviews
04: CRF Entries
05: Drug Dispensing
06: Drug Reconciliation
99: Other: _____ | 07: Serious Adverse Event Assessment
08: Serious Adverse Event Documentation and reporting
09: Maintain Regulatory Documents
10: Regulatory Submissions to sponsor and IRB
11: Collect specimens from subject
12: Process and ship specimens |
|---|---|

Investigator's Authorization: I hereby delegate the above significant research-related duties to the following persons and understand that the overall Responsibility for conduct of the research remains with me.

**Investigator's Signature:

Date:

Investigator must re-sign this log with any change in **KEY RESEARCH PERSONNEL