# 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.

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| Please Print | Obtain Informed Consent | Assess Inclusion andExclusion Criteria | Physical Examination  | Medical History  | Medication History /Concomitant Medication | Collect Vital Signs | Laboratory SpecimenCollection/Shipping | Review Vital Signs and Labsfor Clinical Significance | Source Document Completion | Case Report Form (CRF) Completion | AE Inquiry and Reporting | AE/SAE interpretation(severity/relationship to IP) | Administration ofInvestigational Product (IP) | IP Accountability | Regulatory DocumentMaintenance | Study Management | Finance/Invoicing |
| NAME: | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. | Checkbox. |  | Checkbox. |  |
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| 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:**