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| **DELEGATION OF AUTHORITY LOG** |

Protocol Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please Print | Obtain Informed Consent | Source Document Completion | Case Report Form (CRF) Completion | Assess Inclusion and Exclusion Criteria | Physical Examination | Medical History | Medication History / Concomitant Medication | Collect Vital Signs | AE Inquiry and Reporting | AE/SAE Interpretation (severity/relationship to IP) | Administration of Investigational Product (IP) | IP Accountability | Regulatory Document Maintenance | Other: | Other: | Other: | Date of Study Involvement | Authorization by PI  (Initial & Date) |
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I certify that the above individuals are appropriately trained, have read the protocol, 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 the overall conduct of this trial.

**Principal Investigator (sign & date) start of study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **/end of study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_