



Delegation of Authority Log

Protocol Title: _____

Protocol Number: _____

Sponsor: _____

Primary Investigator: _____

Use one column for each designee. Use a second page if additional space is needed.

Name			
Title / Position			
Delegated Activity (see code)			
Designee Signature			
Designee Initials			

Activity Codes:			
1 obtain informed consent	5 obtain ECG	9 document AEs/SAEs	13 other
2 perform physical exam	6 evaluate ECG	10 evaluate lab data	
3 obtain patient history	7 enroll/randomize pts	11 maintain/store/reconcile study med	
4 obtain lab specimens	8 CRF entries	12 dispense/reconcile study med to pt	

Signature of Primary Investigator _____

Date _____

Printed Name _____

Upon signature of PI, the duties relevant to this study are delegated to the clinical study staff.
