

STAFF SIGNATURE AND DELEGATION LOG

Study Number/Short Title		Protocol Number:	
Principal Investigator:		Study Site:	

Name	Study Role	Task Performed (add all appropriate from code list below)	Study Involvement		Usual Initials	Signature and Date	PI Signature and Date	CV
			To	From				

Please define delegated tasks (e.g. informed consent, CRF completion, medical care of the patient etc.)

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.