

## SITE SIGNATURE AND DELEGATION LOG

Principal Investigator:	Centre no.
Trial code	IMP

Name of delegated person	Role in the trial (e.g. sub-investigator, study nurse)	Signature/ Initials	Delegated tasks	Participation to the study	
				From	to
				PI signature	PI signature
				PI signature	PI signature
				PI signature	PI signature

### \* DELEGATED TASKS

A - Informed Consent Discussion and Sign Off	F - Investigational Product dispensing to patients	K - Essential / Regulatory documents handling
B - Decision on patient enrolment and all other trial-related medical decisions	G - Investigational product accountability	L - Other, specify _____
C - Send request for registration/randomization	H- Assess AEs/SAEs	ALL - please enter if cleared to perform all trial procedures
D - CRF Completion and queries resolution	I - Complete SAE forms	
E - Investigational product management at site	J - Biological samples handling	

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**Comments:** Please initial the box if there are no comments

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*(To be completed by the Principal Investigator at the end of the study).*

**I confirm that the information in this form is accurate and complete.**

Name of Principal Investigator

Signature

Date (dd/mmm/yyyy)