

Signature - Delegation of Authority and Training Log

Site:	Hospital/Study Visit Unit:	Principal Investigator:
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Name in capitals and Function in trial <small>Investigator, Sub-Investigator, Study Nurse/Coordinator Research Staff</small>	Specimen of handwriting		To be completed and authorised by PI					
			Responsibilities		Start Date	PI initials & Date	Stop Date	
	Signature	Initials	P) These responsibilities are only applicable for physicians	Training completed	Date of authorisation			
Function: Principal Investigator			<input type="checkbox"/> Informed Consent <input type="checkbox"/> In- and Exclusion Crit. <input type="checkbox"/> Complete and correct e-CRF <input type="checkbox"/> Collect samples	<input type="checkbox"/> Samples shipping <input type="checkbox"/> Perform participant interview and reporting AE and SAE <input type="checkbox"/> Assess SAE ^P <input type="checkbox"/> Regulatory work	<input type="checkbox"/> e-CRF <input type="checkbox"/> Protocol <input type="checkbox"/> Safety <input type="checkbox"/> Laboratory			
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End of trial – <i>by my signature I certify that the above details of delegation are correct for the trial</i>		
Signature Principal Investigator	Initials	Date