Signature list and delegation of duties

This form must be completed by all personnel who have significant responsibilities specific to the study e.g. obtaining consent, collecting data, providing medical care specific to the study, processing personal information, administrative role. Only staff who are included on this form should take consent or sign off CRFs.

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| --- | --- |
| **Study Title:**  |  |
| **Site:** |  |
| **Ethics Reference:**  |  |
| **RRK No.:** |  |

As the principal investigator for the above study I delegate the duties involved in conducting the study as detailed in this document.

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

<print name & job title> <signature> <Date>

**List of Responsibilities:**

|  |  |  |
| --- | --- | --- |
| A. Medical care of patients B. Informed consent C. Adverse event reporting D. Pharmacy | E. Ethics/regulatory approvalF. Trial master fileG. Data collection/CRF completionH. Processing personal data | I. Randomization proceduresJ. Blinding/ UnblindingK. ArchivingL. Other - include description |

| **Print Name** | **Job title** | **Sample signature** | **Initials** | **Responsibilities**(please see list of responsibilities above this table, listed from A onwards, reference all those applicable to you in this section) | **Start Date** | **End Date** | **PI Initial** | **Date of signing** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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