

Delegation of Research Responsibilities Log

Investigator Name:	Protocol:	IRB Number:
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List staff to whom the Principal Investigator (PI) has delegated significant study-related duties.

- I agree to participate in this research in the position identified below.
- I will comply with all policies and guidelines of the UTCOMC/Erlanger affiliated institutions where this study will be conducted, as well as with all applicable federal, state and local laws regarding the protection of human subjects in research.
- I understand that any false, fictitious or fraudulent statements or claims may result in criminal, civil or administrative penalties.
- I assure that the protected health information I obtain, if any, as part of this research will not be reused or disclosed to any parties other than those described in the IRB-approved protocol, except as required by law.

Name/Degree	Responsibilities*	Initials	Signature	Start Date	End Date	PI Initials/Date

By initialing above, I, the PI, declare that during the conduct of the above study, I have delegated the following study-related activities:

*Responsibilities Legend		
1. Administer Consent 2. Screen Subjects 3. Obtain Medical History 4. Perform Physical Exam 5. Determine Eligibility 6. Randomize Subjects	7. Dispense Study Drug 8. Drug Accountability 8. Assess Adverse Events 9. Complete Source Documents 10. Complete Study Forms 11. Provide Discharge Instructions	12. Make Follow-up Phone Calls 13. Query Management 14. Data Collection 15. Analyze Data 16. Writing Manuscript 17. Other _____

Signature of Principal Investigator: _____ Date: _____