Delegation of investigation site team responsibilities

Study Code:
Site Number:
Principal Investigator Name:

Name of site staff (Position in the Study)	Staff Signature	Staff Initials	Responsibility-codes according to next page	Dates	PI Date	PI Initials
				Startdate: Stopdate:		
				Startdate: Stopdate:		
				Startdate: Stopdate:		
				Startdate: Stopdate:		
				Startdate: Stopdate:		
				Startdate: Stopdate:		

Has to be updated according to the specific study requirements.

1 = obtain informed consent
2 = conduct study visit procedures
3 = conduct physical examinations
4 = make CRF entries / corrections
5 = sign CRFs
6 = dispense study drug / medical device
study drug/medical device accountability
inventory study drug / medical device
7 = process lab samples
8 = lab results review
9 = asses AEs / SAEs
10 = Other: _____
11 = Other: _____
12 = Other: _____

Finally to be signed and dated **at study closure:**

_____ _____
Date Principal Investigator