

Site Signature Log/Delegation of Authority Log

Site Number: _____

STUDY NAME

The purpose of this form is to: a.) serve as the "Site Signature Log" and b.) assure that the individuals performing study related tasks/procedures are appropriately trained and authorized by the Investigator to perform the task/procedure. This form should be completed prior to the initiation of any study-related tasks/procedures. *The original form should be maintained at your site in the study regulatory/study binder. This form should be updated during the course of the study as needed.*

Please Print	Obtain Informed Consent	Source Document Completion	Case Report Form (CRF) Completion	Assess Inclusion and Exclusion Criteria	Physical Examination	Medical History	Medication History / Concomitant Medication	Collect Vital Signs	Review Vital Signs and Labs for Clinical Significance	Laboratory Specimen Collection/Shipping	AE Inquiry and Reporting	AE/SAE Interpretation (Severity/Relationship to IP)	Administration of Investigational Product (IP)	IP Accountability	Regulatory Document Maintenance	Administrative	
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (please specify)
STUDY ROLE:	SIGNATURE:														INITIALS:	DATES OF STUDY INVOLVEMENT:	
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (please specify) <input type="checkbox"/>
STUDY ROLE:	SIGNATURE:														INITIALS:	DATES OF STUDY INVOLVEMENT:	
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (please specify)
STUDY ROLE:	SIGNATURE:														INITIALS:	DATES OF STUDY INVOLVEMENT:	
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (please specify)
STUDY ROLE:	SIGNATURE:														INITIALS:	DATES OF STUDY INVOLVEMENT:	
NAME:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (please specify)
STUDY ROLE:	SIGNATURE:														INITIALS:	DATES OF STUDY INVOLVEMENT:	

I certify that the above individuals are appropriately trained, have read the Protocol and pertinent sections of 21CFR 50 and 56 and ICH GCPs, and are authorized to perform the above study related tasks/procedures. Although I have delegated significant trial-related duties, as the Principal Investigator, I still maintain full responsibility for this trial.

Investigator: _____
Site Signature Log/Delegation of Authority Log

Version 1.0 Date: _____

