

Delegation of Authority Log

IRB #	Sponsor			Principal Investigator		Creation Date		
Protocol Title								
Print Full Name	Signature	Initials	Study Role	Key Delegated Study Task(s)* (If "Other", specify)	Study Role Start Date	Study Role Start Approval: PI Initials & Date	Study Role End Date	Study Role End Approval: PI Initials & Date
Instructions:				*Key Delegated Study Task(s)				
List individuals delegated significant study-related tasks: · All personnel listed on Form FDA 1572 must be listed on this form. · In addition, list other supporting study personnel. · Update as personnel, roles, and/or study tasks change.				1 = Obtain Informed Consent 2 = Obtain Medical History 3 = Perform Physical Exams 4 = Inclusion/Exclusion Assessment 5 = AE Assessment		6 = Drug Dispensing/Accountability 7 = Data Management 8 = Update/Maintain Regulatory Documents 9 = Other, please specify		

Draft Example