Delegation of Authority

As Principal Investigator for the following study, I have ensured that the individuals listed below are properly qualified and have received appropriate training. Based upon this, I have delegated authority to perform the following duties to the individuals named below, and assert that these duties will be performed under my direct supervision.

Protocol Title:	
IRB Number:	
Principal Investigator:	

Name (please print)	Role	General Duties	Initials	Signature	Dates of Duties		PI Signature and Date
					Start	Stop	
John Smith	*Clinical Research Coordinator*	*6-13, 15-18, 20, 21, 24, 25*	*JS*	*John Smith*	4/1/16		Sign: *Dr. Jones* Date: *4/1/16*
							Sign: Date:
							Sign: Date:
							Sign: Date:
							Sign: Date:
							Sign: Date:
							Sign: Date:
							Sign: Date:

1	Contract and budget negotiations	7	Patient recruitment activities	13	Office staff training	19	Subject education	25	Appointment scheduling
2	Fiscal management	8	Sponsor, CRO contact	14	Storing, dispensing, accounting for study drug	20	Monitoring patient compliance	26	Other:
3	Strategic planning	9	Regulatory files creation and maintenance	15	Overall study drug accountability	21	Subject enrollment and follow-up	27	Other:
4	Performance tracking	10	Data management/CRF completion	16	Storing study documents	22	Clinical assessments	28	Other:
5	Quality assurance	11	Adverse event reports	17	Screening subjects for eligibility	23	Adverse event determination	29	Other:
6	IRB submissions & communications	12	Organizational tools	18	Obtaining informed consent	24	Source documentation	30	Other:

(To be signed at study start) Principal Investigator:_____Date:_____

(To be signed at study closure) Principal Investigator:_____Date:_____

Created by: JMG
Created on: 4/13/16
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