

PRISM Delegation Log

Principal Investigator:
Site code/ ID:



| Name | Study Role | Signature | Signed Initials | Delegated Tasks (List duty categories) | PI confirmation | | Study duration | |
|------|------------------------|-----------|-----------------|---|-----------------|------|----------------|-----------------------|
| | | | | | Signature | Date | Start date | Date of leaving study |
| | Principal Investigator | | | | | | | |
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All those involved in the above study must read the protocol (and amendments if applicable) and understand their role as outlined in the protocol

Key for list of duty categories :

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|--|---|---|
| 1. Obtaining informed consent | 5. Data entry | Other duties specific to above study Please specify below |
| 2. Physical exam / clinical evaluations | 6. Resolving data queries | |
| 3. Source document entry (ie. medical notes) | 7. Review & reporting adverse events & SAEs | |
| 4. CRF completion | 8. Maintaining study file | |
| | 9. Archiving | |