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| **Log of Delegation of Responsibilities and Signatures** | | | |
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| **Study** |  | | |
| **Principal Investigator** |  | **Site** |  |

*Insert additional responsibilities as required*

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| A | Informed Consent | E | Case Report Form entry | J | Study Assessments |
| B | Vital Signs | F | Physical Examination | K | Safety Reporting |
| C | Venepuncture/Cannulation | G | Medical History | L |  |
| D | Administration of IMP | H | Review of Lab Results | M |  |

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| **Name** | **Role** | **Responsibilities** | **From (Date)** | **Until (Date)** | **Signature** | **Initials** | **PI Signature** | **Date** |
| Dr. Joe Bloggs | Sub-investigator | A-J | 1/1/06 |  |  |  |  |  |
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