DANA-FARBER CANCER INSTITUTE

Clinical Trials Office
Template Version: July 2014

Individual Delegation of Authority and Signature Log

For Use by DF/HCC and DF/PCC Institutions Only

Overall PI: _____ Protocol #: _____

Sponsor: _____ Site Name: _____

The individual being delegated authorized tasks:

	PRINT NAME	ROLE	SIGNATURE	INITIALS	START DATE	END DATE
Example	John Doe, MD	Sub-Investigator	John Doe	JD	01/JAN/2013	

Authorized Tasks (√ all that apply):

- ☐ 1. Obtain Informed Consent
- ☐ 2. Perform Physical Exams
- ☐ 3. Assess Eligibility Criteria
- ☐ 4. Review Lab Reports
- ☐ 5. AE/SAE Evaluations
- ☐ 6. Other Medical Decisions
- ☐ 7. Investigational Product Accountability
- ☐ 8. Investigational Product Dispensing/Administration
- ☐ 9. CRF Completion/Corrections
- ☐ 10. Query Resolution
- ☐ 11. Regulatory Documents
- ☐ 12. IRB Documents
- ☐ 13. Assist in Consent Process
- ☐ 14. Obtain Medical History
- ☐ 15. Other: _____
- ☐ 16. Other: _____
- ☐ 17. Other: _____
- ☐ 18. Other: _____

Please ensure the following are also completed/filed:

☐ Study Specific Training - completed/reviewed on _____ (date)

For sub-investigators:

- ☐ Added to the FDA 1572
- ☐ Curriculum Vitae
- ☐ Medical license
- ☐ Statement of Co-Investigator Form

Initial Approval by the Overall PI:

Overall PI Signature: _____

Date: _____

Closeout/End of Research Final Approval:

To be completed only after the above named person has ceased to perform research activities or the trial has been closed.
Please record an End Date in the table above.

Overall PI Signature: _____

Date: _____