**DELEGATION OF AUTHORITY (DOA) LOG**

All site personnel involved in this clinical trial must identify themselves by completing this form

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| --- | --- |
| STUDY IRB#:  | STUDY NAME:  |
| PI:  | SPONSOR: Investigator-Initiated |

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| STUDY RESPONSIBILITIES LEGEND |
| 1. Screen Patients2. Perform Physical Exams3. Record Medical History4. Determine Eligibility5. Administer Consent | 6. Randomize Patients7. Dispense Study Drug8. Drug Accountability9. Assess AEs/SAEs10. Complete CRFs | 11. Discharge Instructions12. Follow-up Phone Calls13. Complete Source Documents14. Data Entry15. Regulatory Compliance | 16. Other:17. Other:18. Other:19. Other:20. Other: |
| Name/Role*(Print name and title, e.g. Principal investigator, Sub-Investigator, Study Coordinator, etc.)* | Signature*(Sign your full name)* | Study Responsibilities*(Enter applicable numbers from above)* | Time Frame for Assigned Responsibilities | PI Initials*(approval of delegation)* |
| Start Date | End Date |
| Name:Jared Galloway, MD  |  |  |  |  |  |
| Role:PI  |
| Name:M. Veronica Indihar |  |  |  |  |  |
| Role:Co-PI/Faculty Advisor  |
| Name:Muhammad Khawar  |  |  |  |  |  |
| Role:Sub-I |
| Name:Jeffrey Finke |  |  |  |  |  |
| Role:Sub-I |
| Name:Elizabeth Kopras |  |  |  |  |  |
| Role:Research Coordinator  |
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| Name/Role*(Print name and title, e.g. Principal investigator, Sub-Investigator, Study Coordinator, etc.)* | Signature*(Sign your full name)* | Study Responsibilities*(Enter applicable numbers from above)* | Time Frame for Assigned Responsibilities |
| Start Date | End Date | PI Initials*(approval of delegation)* |
| Name:Tim Stone  |  |  |  |  |  |
| Role:Statistical/Data Analyst  |
| Name:Roman Jandarov |  |  |  |  |  |
| Role:Statistical/Data Analyst |
| Name:Helen Shelton  |  |  |  |  |  |
| Role:Regulatory  |
| Name:Lisa Arustamyan |  |  |  |  |  |
| Role:Regulatory  |