**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 Patients  2. Perform Physical Exams  3. Record Medical History  4. Determine Eligibility  5. Administer Consent | 6. Randomize Patients  7. Dispense Study Drug  8. Drug Accountability  9. Assess AEs/SAEs  10. Complete CRFs | 11. Discharge Instructions  12. Follow-up Phone Calls  13. Complete Source Documents  14. Data Entry  15. 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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| 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 |