McLaren HEALTH CARE
Human Research Protection Program

# Delegation of Duty Log

| **Study Name** | |
|---|---|
| **Principal Investigator** | **Study IRB#** |

The purpose of this form is to assure that ALL individuals performing study related tasks/procedures are appropriately trained and are authorized by the Investigator and IRB to perform the tasks/procedures. **This form should be completed prior to the initiation of any study-related tasks/procedures.**
**NOTE: individuals engaged in 1) obtaining informed consent 2) administering study interventions or study related tasks and/or 3) work with identifiable data/specimens are considered research personnel. IRB approval is required when adding/removing research personnel.**

**I delegate the following Study-related duties:**

Title code: Primary Investigator (PI), Sub Investigator (Sub-I), Clinical Research Coordinator (CRC), Resident (R), Medical Student (MS), Office Medical Assistant (OMA), Other (specify)

Delegation of Study Related duties Codes:

1 – Fully informing subject of all pertinent aspects of the study
2 – Obtaining consent
3 – Collecting AE and SAE information
4 – Assess AE an d SAE causality
5 – Entering data into electronic database
6 – IRB communication
7 – Maintaining study files
8 – Accessing identifiable and de-identifiable subject data, not for separate research
9 - Accessing de-identifiable subject data for medical education project only, not for separate research

| **Name** | **Signature** | **Initials** | **Study Title** | **IRB Approval** | **Study-related duties (list number)** | **Involvement Period** | | **Principal Investigator Initials** |
|---|---|---|---|---|---|---|---|---|
| | | | | | | **Start Date** | **End Date** | |
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| **Principal Investigator Signature** | | | | | | **Initials** | **Date** | |