By signing below I declare that during the conduct of the REMAP-CAP study, trial personnel whose signatures and signed initials appear below are authorized to perform the study tasks as listed in the column ‘Delegated study tasks’, starting from the start date initialed and dated by me and ending on the stop date initialed and dated by me.

**I understand that my signature indicates the delegation of tasks and procedures to site staff, but that end responsibility for the delegated tasks and procedures remains with me. I confirm that all delegated staff listed on this Delegation Log is adequately qualified by training and education to perform the delegated tasks.**

Principal Investigator Signature/date (dd/mmm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Study tasks** | | |
| 1. Obtain and sign Informed Consent[[1]](#footnote-1) | 7. IMP administration | 17. Update ISF | |
| 2. Assess in-/exclusion criteria1 | 8. IMP receipt, (re)supply, accountability | *18. Sampling for pregnancy test \** | |
| 3. Prescribe study medication1 | 9. IMP destruction | 19.*Responsible for reconstitution of IMP \** | |
| 4. Assess (S)AEs1 | 13. Administer study questionnaires | 20.3 Other | |
| 5. Randomization of subjects | 14. CRF completion | 21. | |
| 6. (S)AEs reporting | 15. Sign-off CRF | 22. | |

**\****Assign task only if required per country law/regulation*

| **Delegation** |  |  |  |  |  |  |  |
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| **Name** | **Role in study** | **Signed initials** | **Signature** | **Delegated**  **study tasks[[2]](#footnote-2)** | **Start date** | **PI signature + date** | **Stop date** |
|  | Principal Investigator |  |  |  | N/A | N/A |  |
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2 *Fill in the range of study tasks that are applicable.*

| **Name** | **Role in study** | **Signed initials** | **Signature** | **Delegated**  **study tasks[[3]](#footnote-3)3** | **Start date** | **PI signature + date** | **Stop date** |
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2 *Fill in the range of study tasks that are applicable.*

**End of study statement: I confirm that this delegation log is a complete and accurate overview of all delegated study staff and tasks.**

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Must be done by a physician unless local laws & regulations allow other roles to complete this task.* [↑](#footnote-ref-1)
2. *. Fill in the range of study tasks that are applicable*

   3*. Study tasks should be added to the delegation log to ensure all tasks are listed in compliance with local law and regulations* [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)