



## SITE SIGNATURE & DELEGATION OF AUTHORITY LOG

Principal Investigator: Hospital name:							
Name	Role in study	Involved Start End (dd/mm/yy)		Signature	Initials	Study Responsibilities (Please state numbers from the list below)	Principal Investigator Signature
List of responsibil 1.Obtain Informed 2.Obtain Medical 3.Perform clinica 4.Assessment of i	d Consent History	6. CRF Si 7. Data c	ompletion gnature luery comp blood/urine	eletion e samples	9. Oth 10. Oth	ner: ner:	<u> </u>

Page	of _	
------	------	--