



Biologics for Children with Rheumatic Diseases
SITE SIGNATURE & DELEGATION OF AUTHORITY LOG

Principal Investigator: _____

Hospital name: _____

Name	Role in study	Involved		Signature	Initials	Study Responsibilities (Please state numbers from the list below)	Principal Investigator Signature
		Start (dd/mm/yy)	End				

List of responsibilities:

- 1. Obtain Informed Consent
- 2. Obtain Medical History
- 3. Perform clinical examinations
- 4. Assessment of inclusion/exclusion criteria

- 5. CRF Completion
- 6. CRF Signature (if required)
- 7. Data query completion
- 8. Other: _____

- 9. Other: _____
- 10. Other: _____