Icahn School of Medicine at Mount Sinai

Conduits
The Institutes for Translational Sciences

PRINCIPAL INVESTIGATOR DELEGATION OF RESPONSIBILITIES and SIGNATURE LOG
All site personnel involved in this clinical trial must identify themselves by completing this form.

Sponsor:	**Principal Investigator:**
GCO #:	**Site Name: Mount Sinai Medical Center**
Protocol Title:	**Site Number:**

Study Responsibilities Legend

1. **Screen Patients**	6. **Randomize Patients**	11. **Discharge Instructions**	15. **Review & Sign Lab Results**
2. **Perform Physical Exam**	7. **Dispense Study Drug**	12. **Follow-up Phone Calls**	16. **Other:** **Regulatory**
3. **Record Medical History**	8. **Drug Accountability**	13. **Complete source documents**	17. **Other** _____
4. **Determine Eligibility**	9. **Assess AEs**	14. **Sign data query forms**	18. **Other** _____
5. **Administer Consent**	10. **Complete CRFs**		19. **Other** _____

Name/Title *(Print name and title, e.g. Principle Investigator, Sub-Investigator, Pharmacist, Study Coordinator, etc.)*	Listed on 1572?	Signature *(Sign your full name)*	Start Date	End Date	Study Responsibilities *(Enter applicable numbers from above)*	PI Initials *(Indicates approval of delegation)*
Name: Title: Principal Investigator	____ No ____ Yes					N/A
Name: Title:	____ No ____ Yes					
Name: Title:	____ No ____ Yes					
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Name: Title:	____ No ____ Yes					
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