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| **Principal Investigator:** |  | | |
| **Site Principal Investigator**  *(if different than above):* |  | | |
| **Study Title:** |  | **IRB Protocol #:** |  |

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| **Name (printed)** | **Study Staff Signature** | | **Initials** | | **Current CV on File** | **Current Licensure on File** | **Dates of Responsibility** | | | **Delegated Responsibility**  **\*\*** *Use Legend below* | | **PI Initials and Date** |
| **Start Date\*** | | **End Date** |
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| ***\* Start Date should be the date of IRB approval of staff member to the study team.***  ***\*\* Enter the letter(s) in the Delegated Responsibilities column that correspond to the staff members study responsibilities (add responsibilities as needed):*** | | | | | | | | | | | | |
| ***A) Assess Inclusion/Exclusion Criteria***  ***F) Evaluate Lab Test Results*** | | ***B) Obtain Consent***  ***G) Prescribe Study Agent*** | | ***C) Make CRF Entries***  ***H) Dispense Study Agent*** | | | | ***D) Correct CRFs***  ***I) Administer Study Agent*** | | | **E) Perform physical Exams**  ***J) Assess Adverse Events*** | |