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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*** |