


C-STICH DELEGATION OF DUTIES LOG

UKCRN ID: 18346 MREC Ref. Number: 14/EE/1293 ISRCTN: 15373349		Centre Name:		Principal Investigator:			
Name (Please PRINT)	TRIAL Role: (e.g. Investigator, Nurse)	Signature	Duties (*list all that apply)	From: (dd/mm/yy)	To: (dd/mm/yy)	PI Initials	Date of PI signature

This log must include the Principal Investigator, Co-Investigators, Midwives, Nurses and any staff who have specific data collection/interpretation duties. Add new or replacement staff as appropriate.

***Duties:**

1. Identify patients	2. Screening for eligibility	3. Informed consent process
4. Other.....Please specify	5. Other.....Please specify	6. Serious adverse event reporting
7. SAE sign off (Clinician only)	8. Maintenance of Trial Site File	9. Completion of data collection forms
10. Other.....Please specify	11. Other.....Please specify	12. Other.....Please specify

The PI should sign below during the Site Close-Out visit

I have reviewed the information on this log and have found it to be accurate. All delegated duties were performed with my authorization.

Signature of Investigator:

Date: