

Site Delegation Log

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Site	Name:		Principal Investigator:				
Α	Local approval for trial		Assesses SAEs		Training of clinicians to perform intratympanic injections		
В	Inform patient of trial		Identification of subject		Perform intratympanic injections		
С	Obtain informed consent	J	Completion of CRFs and DCFs		Perform AB words test		
D	Confirm patient eligibility	K	CRFs and DCFs review and sign off		Perform pure tone audiogram (blinded assessment)		
E	Patient registration/randomisation	L	Investigator Site File maintenance		Perform otoscopy		
F	Prescribing of investigational product	М	Perform trial related assessments	T			
G	Report SAEs	N	Questionnaire administration	U			

** PI initials

By initialling an entry, I confirm that the person completing the entry is authorised to perform the study procedures in the tasks section, and that the person is qualified to undertake these tasks. I also confirm that the person is appropriately informed about the study protocol and relevant study procedures

Name		Tasks Delegated by PI* (see legend above)	Initials	Signature	Date of	Date of	Duties	PI initials**	Date of PI Initials
(please print)	Trial Role				signature	From (DD-MMM-YYYYY)	To (DD-MMM-YYYY)		



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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.									
PI Signature: Site close out Visit Date://				/					