

**STAFF SIGNATURE LOG
DELEGATION OF RESPONSIBILITY**

Principal Investigator:

IRB Protocol #:

Study Title:

Study Staff	Signature	Initials	Start Date	End Date	Study task/responsibility						
					Obtain Informed Consent	Add Tasks...				PI initial /Date	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Note: Update form as study staff changes. PI must re-sign and date with the addition of each new study staff. Also, remember to submit to the IRB modifications to your study personnel list.

Principal Investigator Signature: _____ Date: _____