**SIGNATURE AND DELEGATION OF RESPONSIBILITY LOG**

**Investigators:**

**Effective Date:**

**Protocol Number/Title:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name**(Please Print)** | Title | General Responsibilities\* | C.V. | TCPS2 | GCP | OCAP | **Dates of****Responsibilities** | **Signature** | **Initials** | **Approved****(PI Initials)** |
| **From****(dd/mmm/yy)** | **To****(dd/mmm/yy)** |
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This log should include the investigator and sub-investigator(s), study coordinator(s) and all other study team members. This log should also include any contracted specialists performing protocol required examinations. New or replacement staff should be added as appropriate.

\* Please see Legend (page 2 of 2)

#### FOR CLINICAL TRIALS, PLEASE MAINTAIN THIS LIST WITH YOUR REGULATORY FILES

**SIGNATURE AND DELEGATION OF RESPONSIBILITY LOG**

**Legend**

Use legend to complete the “General Responsibilities” column. Please enter the letter(s) (i.e. a,c,f) in column that corresponds to the responsibilities of the individual. For responsibilities that are not already indicated in the legend, please add them in the empty spaces provided below.

1. Obtains informed consent
2. Participant recruiting
3. Assess Inclusion and Exclusion Criteria
4. Assessing motor blockade
5. Sensory Level testing:
6. Completion of CRFs
7. Correction of CRFs
8. Review of CRFs (must be investigator or sub-investigator)
9. AE Inquiry and Reporting
10. AE/SAE interpretation (severity/relationship to intervention)
11. Submit and Maintain REB Documents
12. Maintain Regulatory Documents
13. Administrative Duties
14. Randomization
15. Data Analysis
16. Study Data Monitoring
17. Perform CSE-EVE procedure
18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
20. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_