To be completed for Exempt, Secondary Use, QI/QA/Program Evaluation and non-human subject studies

Note: all studies requiring expedited or full board review are required to use Attachment B: Delegation of Authority Log per SOP OTO 104- Records Management and Retention

Principal Investigator:		Version date:	
Protocol Title:		Department:	
COMIRB #:		Review Type:	

Complete one line for each individual of the study team. Add/delete items from the legend at the bottom of the page to complete the Delegated Responsibilities column that fit the study.

Name	Delegated Responsibilities	Start Date (MM/DD/YYYY)	Date PI Confirmed Role (MM/DD/YYYY)	End Date (MM/DD/YYYY)

Legend

Informed Consent	1	Surgery	6	PI Oversight	11
Physical Exam	2	Data Entry	7	Assess Inclusion/Exclusion Criteria	12
Medical History	3	Data Export/Analysis	8		
Regulatory Documentation	4	IRB Correspondence & Submissions	9		
Adverse Event Reports	5	Tissue transportation	10		