

Principal Investigator:		Site:	
Protocol Title:		Department:	
COMIRB #:			

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 as fit the study.

Name	Signature	Initials	Delegated Responsibilities	Start Date (MM/DD/YYYY)	PI initial/date	End Date (MM/DD/YYYY)	PI initial/date

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		

