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| **SCHEME OF DELEGATION LIST** | | **RESEARCH PROTOCOL NO** : | | |
| Title of Research |  | |  | | |
| Investigator Name |  | |  | | |
| Sponsor |  | |  | | |
|  | | | |

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| List individuals and indicate their delegated task(s) using the codes provided below. | | | | | | | |
|  | *Add all appropriate codes from the code list below;* ***List ONLY the number*** | | | Period of Study Involvement | |  |  | |
| Name of Delegate | Study Role or Title | Task(s) Performed | To  DD/MM/YY | From  DD/MM/YY | Delegate Signature | PI Signature  & Date | |
| 1. |  |  |  |  |  |  |  | |
| 2. |  |  |  |  |  |  |  | |
| 3. |  |  |  |  |  |  |  | |
| 4. |  |  |  |  |  |  |  | |
| 5. |  |  |  |  |  |  |  | |

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| Define delegated tasks and use the codes in the above column *(Eg. Informed Consent, Drug Administration, CRF completion etc)* | | | |
| 1. | Obtain Informed Consent | 6. | Administration Of Investigational Product |
| 2. | CRF Completion | 7. | Collect Vital Signs |
| 3. | Lab Specimen Collection/Shipping | 8. | Collect Vital Signs |
| 4. | AE Enquiry And Reporting | 9. |  |
| 5. | Assess Inclusion And Exclusion Criteria | 10. |  |

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| List the Facilities to be used during the Project , List all facilities at HMC proposed to be used in this study | | | | |
| Hospital/Institution | Department | Section | Study Area | Describe Procedure/Activity |
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| Others, Please Specify: | | | | |