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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 | ToDD/MM/YY  | FromDD/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:       |