Personnel Log

Delegation of responsibility and Signature Log

Protocol IRB # _____

Protocol:	
Principal Investigator:	

Only register study personnel that will be using CCC-UPR resources.

Name* (Please print)	Signature	Initials	Position	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Delegated tasks or functions ** (Use the list of general functions)

*All study personnel must present evidence of Human Subject Protection, HIPAA and GCP training.
** All study personnel that will perform any task at the CCC-UPR Laboratory must present evidence of Hepatitis B vaccine and Bio-safety training

PI or Co PI signature _____ Date: _____

List of General Functions:

a- Initial telephone evaluations (pre-screening)

b- Initial patient evaluations (screening)

c- Informed consent process (discussion, obtain signatures)

d- Vital signs (can only be performed by a licensed physician or nurse)

e- Physical exam and/or medical history (can only be performed by a licensed physician)

f- Determine eligibility of participants

g- Complete case report forms (CRFs)

h- Receive and/or dispense study drugs and/ or study device

i- Complete scales (psychological scales, nutritional scales, quality of life scales, etc.)

j- Perform specific study procedures (ECGs, nutritional evaluation, densitometry, etc.)

k- Process laboratory samples* (These procedures will be done under the supervision of the CCC Laboratory Manager. Only medical technologists, nurses or physicians are allowed to perform these procedures)

l- Receive and/or evaluate laboratory results

m- Data entry

n- Interview/evaluate participants by telephone

o- Other functions (please specify) 1. 2. 3.

* All study personnel that will perform any task in the CCC-UPR laboratory must present evidence of Hepatitis B vaccine, and Bio-safety training.