

HOVON Site Signature and Delegation of Responsibilities Log

Trial Name:			Hospital:				
Name (printed)	Function	Delegated Responsibilities	Signature	Initials	Date responsibility started /ended		Signature for authorisation by local investigator
	Local Investigator	Responsible for the conduct of the trial at this site.					
	<input type="checkbox"/> sub-investigator <input type="checkbox"/> research nurse <input type="checkbox"/> data manager <input type="checkbox"/> pharmacist <input type="checkbox"/> pharmacy staff <input type="checkbox"/> laboratory staff <input type="checkbox"/> other	<input type="checkbox"/> obtain Informed Consent <input type="checkbox"/> treat patient / check eligibility <input type="checkbox"/> assessment of (S)AE <input type="checkbox"/> fill out, sign and correct CRF <input type="checkbox"/> solve and sign data queries <input type="checkbox"/> dispense trial medication <input type="checkbox"/> other trial related procedures					
	<input type="checkbox"/> sub-investigator <input type="checkbox"/> research nurse <input type="checkbox"/> data manager <input type="checkbox"/> pharmacist <input type="checkbox"/> pharmacy staff <input type="checkbox"/> laboratory staff <input type="checkbox"/> other	<input type="checkbox"/> obtain Informed Consent <input type="checkbox"/> treat patient / check eligibility <input type="checkbox"/> assessment of (S)AE <input type="checkbox"/> fill out, sign and correct CRF <input type="checkbox"/> solve and sign data queries <input type="checkbox"/> dispense trial medication <input type="checkbox"/> other trial related procedures					
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