**\*THIS FORM IS TO BE COMPLETED BY ALL PERSONNEL INVOLVED IN THE STUDY AFTER RECEIVING PROPER STUDY TRAINING AND BEFORE TAKING PART IN ANY STUDY ACTIVITIES**

**UNSW Sponsor’s Delegate**

Before commencing a clinical trial that UNSW will be responsible as a trial sponsor, written confirmation from the UNSW Sponsors Delegate must be obtained.

**Coordinating Principal Investigator (PI)**

By signing, I confirm/acknowledge that the UNSW Sponsor’s Delegate confirmed UNSWs role as trial sponsor and tasks listed below will only be delegated to appropriately trained, skilled and qualified staff. I will remain responsible for the overall study conduct and reported data, ensuring study oversight. All associates, colleagues, and employees assisting in the conduct of the study are informed about their obligations and have not performed any study tasks before appropriate delegation and completion of appropriate training. Mechanisms are in place to ensure that site staff receives the appropriate information and training throughout the study and that a 2-way communication channel exists between staff and self. Any changes in staff or delegation in staff will be recorded on time.

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| **Name** | **Principal Investigator’s Signature** | **Initials** | **Start****(dd/mmm/yyyy)** | **End****(dd/mmm/yyyy)** **(complete only if prior to end of study)** |
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**Site Principal Investigator (PI)**

By signing, I confirm/acknowledge that the tasks listed below will only be delegated to appropriately trained, skilled and qualified staff. I will remain responsible for the overall study conduct and reported data, ensuring study oversight. All associates, colleagues, and employees assisting in the conduct of the study are informed about their obligations and have not performed any study tasks before appropriate delegation and completion of appropriate training. Mechanisms are in place to ensure that site staff receives the appropriate information and training throughout the study and that a 2-way communication channel exists between staff and self. Any changes in staff or delegation in staff will be recorded on time.

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| **Name** | **Principal Investigator’s Signature** | **Initials** | **Start****(dd/mmm/yyyy)** | **End****(dd/mmm/yyyy)** **(complete only if prior to end of study)** |
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**Site Staff**

| **Name** | **Signature** | **Initials** | **Study Role** | **Key Study Task(s)****(choose from list below)** | **Start****(dd/mmm/yyyy)** | **End****(dd/mmm/yyyy) (complete only if prior to end of study)** | **PI Initials & Date****(dd/mmm/yyyy)** |
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| **Comments:**  |
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| **Electronic Signature Declaration for Principal Investigator and Site Staff*** As it applies to entering electronic data or signing records in sponsor-owned or sponsor-sourced computer systems, my electronic signature is the legally binding equivalent of my handwritten signature.
* I will not share the password(s) assigned to me for this study with any other persons.
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| **Principal Investigator’s End of Study Declaration**I hereby confirm that the above information is accurate and complete and that I authorised the delegation of study-related tasks to each individual as listed above. **Principal Investigator’s Signature:** **Date:**   |

**Task Key:**

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| --- | --- |
| 1. Obtain informed consent \* | 12. Sample collection |
| 2. Subject selection/recruitment\* | 13. Sample processing and/or shipment |
| 3. Confirm eligibility (review inclusion/exclusion criteria)\* | 14. Evaluate study-related test results \* |
| 4. Obtain medical history (source documents) | 15. Use IWRS/IVRS  |
| 5. Perform physical exam\*  | 16. Make entries/corrections on (e)CRFs |
| 6. Conduct study visit procedure as outlined in the protocol\* | 17. Sign- off (e)CRFs\* |
| 7. Make study-related medical decisions\* | 18. Maintain essential documents |
| 8. Assess AEs/SAEs\* | 19. Perform study-related assessments as per protocol \* |
| 9. Dispense study drug\* | 20. Complete company- specific log ( if applicable) |
| 10. Perform drug accountability | 21. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. Study drug storage and temperature monitoring | 22. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*These tasks may only be performed by a qualified individual as permitted by local law, medical or standard of care practices, or applicable required training as per job description or designation.