

DELEGATION OF DUTIES ACTING PRINCIPAL INVESTIGATOR DECLARATION SUPPLEMENTARY



Protocol Number:		Sponsor Name:	
Principal Investigator Name:		Site Number:	
Primary Site Name:		Teletrial (TT) Satellite Site Name:	

Acting Principal Investigator (API) Declaration:

I confirm the tasks will only be delegated to appropriately trained, skilled and qualified staff. I have overall responsibility and oversight of clinical trial conduct and reported data in an acting capacity. All associates, colleagues, and employees assisting in the conduct of the clinical trial are informed about their obligations, and have not performed any clinical trial tasks prior to appropriate delegation and completion of appropriate training. By signing, I confirm the start and end date fields represent the start and end date of delegation of tasks as part of the clinical trial.

Name	API Signature	Initials	API Tasks	Start (dd/mmm/yyyy)	End (dd/mmm/yyyy)
			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 19		