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INVESTIGATOR DELEGATION OF RESPONSIBILITY FORM

I, _____, located at _____ am Principal Investigator for Protocol # _____ titled _____
 I have ensured that the individuals listed below are properly qualified and have received appropriate training. Based upon this, I have delegated the following responsibilities to the individuals named below, and assert that these duties will be performed under my direct supervision. **If a task is not delegated, write N/A (not applicable).**

RESPONSIBILITY	PERSONNEL	DATE
Participant Management		
Screening participants for eligibility		
Obtaining informed consent		
Participant education		
Monitoring patient compliance		
Participant enrollment and follow-up		
Clinical assessments		
Adverse event determination		
Source documentation		
Appointment scheduling		

 Principal Investigator

 Date