

### Signature/Study Responsibilities Log

<b>Protocol Title:</b>					
<b>PI Name:</b>					
Staffer Printed Name	Initials	Signature	Start Date	Stop Date	Responsibility Codes

- |   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 1. Principal Investigator               | 5. Lead Focus Groups           | 9. Test Article Reconciliation  |
| 2. Obtain Informed Consent              | 6. Complete CRFs               | 10. Adverse Event Documentation |
| 3. Perform Physical Exam                | 7. Test Article Dispensing     | 11. _____                       |
| 4. Subject Interviews/Survey Completion | 8. Test Article Administration | 12. _____                       |

*Note: Study responsibilities will vary depending on the study. Change those listed as needed to suit your study.*

**Investigator’s Authorization:** I hereby authorize the persons listed above to perform the indicated study-related duties and understand that the overall responsibility for conduct of the research remains with me.

Investigator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_