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| **Name****(Please print)** | **Signature** | **Initials** | **Project Rolea** | **Delegation Dutiesb****(Please circle all that apply)** | **PI Initials** | **PI Date** | **Start Date** | **End Date** |
|  |  |  |  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
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1. **PI = Principal Investigator; CoPI = Co-Investigator; SI = Sub-Investigator; Coll = Collaborator; CRC = Clinical Research Coordinator; P = Pharmacist; O = Other, specify**
2. **1=Confirm Eligibility 2=Obtain Informed Consent 3=Study Related Medical Decisions 4=Evaluation of Study Lab Results 5=Assess Adverse Events**

**6=Unblinding 7=Perform Study Procedures 8=CRF Signatures 9=Perform Physical Exams 10=Eligibility Screening**

**11=CRF Completion 12=Query Resolution 13=Randomization/Resupply 14=Study Drug Accountability 15=Study Drug Dispensing**

**16=Certify Copies 17=Other (Please specify above)**

**PI Signature at Close Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**