**DCP DELEGATION OF TASKS LOG**

**PROTOCOL INFORMATION**

| Phase:  | Lead Protocol Organization:  |
| --- | --- |
| Name of Lead Academic Organization Principal Investigator:  | CTEP Person ID:  |
| DCP Protocol No:  | Protocol Title:  |

**SITE PRINCIPAL INVESTIGATOR INFORMATION**

| Name of Principal Investigator | CTEP Person ID |
| --- | --- |
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The Principal Investigator will sign at the beginning of the study and at study completion. If the staff member’s position or tasks change during the study lifecycle, use additional lines to record new positions/tasks. *(Reference:* [*FDA Guidance for Industry Investigator Responsibilities – Protecting the Rights, Safety and Welfare of Study Subjects, 2009*](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/investigator-responsibilities-protecting-rights-safety-and-welfare-study-subjects)*)*

**I, AS PRINCIPAL INVESTIGATOR, HAVE DELEGATED TO THE STAFF MEMBERS BELOW THE AUTHORITY TO PERFORM THE TASK(S) INDICATED, UNDER MY SUPERVISION. AS OF THE START DATE, THE STAFF MEMBERS WERE QUALIFIED TO PERFORM THE DELEGATED TASK(S) BASED ON EDUCATION, TRAINING, OR EXPERIENCE.**

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| --- | --- |
| **Principal Investigator Signature at Study Initiation** | **Date** |
|  |  |

**SITE INFORMATION**

List all the research locations that the site will be using to conduct this study.

| Research Site Name  | CTEP Site ID | Site Address |
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**IRB OF RECORD**

| IRB Number: | IRB Name: | IRB Address: |
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**LABORATORY INFORMATION**

Laboratory information must match the information on the CLIA certificate for labs in the US. Add ‘End date’ when the lab is no longer in use for the study.

| Laboratory Name | Laboratory Address | End Date |
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**DRUG SHIPMENT AUTHORIZATION (DSA) ADDRESS**

| DSA Site Name | DSA Site Contact | DSA Site Address |
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**Principal Investigator Signature at Study Conclusion**

Sign only when no further activities will be performed in the study.

|  |  |
| --- | --- |
| **Principal Investigator Signature at Study Conclusion** | **Date** |
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**DELEGATION OF TASKS LOG**

Refer to Delegation of Task Log – Master List document. The ‘assignment minimum’ of tasks in the Master List document must be met to issue DSA.

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| **Staff Member Name** | **CTEP Person ID** | **Position** | **Task Code(s)** | **Staff Member Signature** | **Start Date** | **End Date** | **Principal InvestigatorInitials & Date** |
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**DELEGATION OF TASKS LOG**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Member Name** | **CTEP Person ID** | **Position** | **Task Code(s)** | **Staff Member Signature** | **Start Date** | **End Date** | **Principal InvestigatorInitials & Date** |
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**DTL MASTER TASK CODES (RCR Registration Types)**

**Investigator** (**IVR)** *MD, DO, or international equivalent.*

**Non-Physician Investigator** (**NPIVR)** *advanced practice providers (e.g., NP or PA) or graduate level researchers (e.g., PhD)*

**Associate Plus (AP)** *clinical site staff (e.g., RN or CRA) with data entry access*

**Associate (A)** *other clinical site staff involved in the conduct of NCI sponsored trials*

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| 1. Agent Prescribing (NPIVR, IVR) | 12. Patient Screening/Recruiting (AP, NPIVR, IVR) |
| 2. Site Principal Investigator (PI) (NPIVR, IVR) | 13. Primary Study/Site Contact (AP, NPIVR, IVR) |
| 3. Consenting Person (AP, NPIVR, IVR) | 14. Rave CRA (AP, NPIVR, IVR) |
| 4. DTL Administrator (DTLA) (AP, NPIVR, IVR) | 15. Rave Investigator (NPIVR, IVR) |
| 5. Eligibility Assessments (NPIVR, IVR) | 16. Regulatory Contact (AP, NPIVR, IVR) |
| 6. End Point Assessments (NPIVR, IVR) | 17. RT/Imaging Support (A, AP, NPIVR, IVR) |
| 7. Enrolling Person/Treating Investigator (NPIVR, IVR) | 18. Source Documentation Completion (AP, NPIVR, IVR) |
| 8. History and Physical (H&P) Assessments (NPIVR, IVR) | 19. Study-related Interventions (A, AP, NPIVR, IVR) |
| 9. IND Prescribing (IVR, NPIVR\*) | 20. Toxicity Assessment (NPIVR, IVR) |
| 10. Investigation Product Accountability (A, AP, NPIVR, IVR) | 21. Unblinded Study Personnel (AP, NPIVR, IVR) |
| 11. Pathology Laboratory Support (A, AP, NPIVR, IVR) | 22. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*Please note: An NPIVR can prescribe an IND or agent if they are qualified per their institution’s policy, local and state laws and regulations including requirements for international sites.**