

# Site Delegation Log

Site name:						Site PI:			
Name	Initials	Role	Start Date	End Date	Study Tasks (A-M)*	Signature of staff member	Signature of PI	Date	PI oversight required Y/N? **
Signature of PI confirming oversight for those staff members listed above where oversight is required (*YES):							Date:		
Study Task Codes									
The eligibility and consent of children to the REST Study can be done under the following conditions:									
[Redacted]									
* Please list study tasks:									
[Redacted]									