

Recipients of Lung Allografts

ECP Site Delegation of Authority Log

Site Name \_\_\_\_\_ Site # \_\_\_\_\_

STUDY PERSONNEL	SIGNATURE	ROLE	RESPONSIBILITY CODE(s)	START DATE	END DATE	Initial and Date

**Role:** **A= PI** **B= Co-Investigator** **C= Research Coordinator** **D= Regulatory** **E= Data Entry** **F= Other** (Please specify in table above)

**Delegated Study Responsibilities**

- 1 = Obtain Medical History and Physical Exam
- 2 = Obtain Informed Consent
- 3 = Enter Subject Eligibility Information Online
- 4 = Sign Confirmation of Eligibility (Must be a PI or Co-I)
- 5 = Complete ECP Pre-procedure assessment
- 6 = IRB Submission

- 7 = Regulatory Files Maintenance
- 8 = Electronic Data Entry
- 9 = Data Query Resolutions
- 10 = AE / SAE Reporting and Entry
- 11 = SAE Sign off (Must be a PI or Co-I)
- 12 = Arrange PFT's and ECP Visits per ECP Protocol
- 13 = Other (Specify in table above)

Principal Investigator Printed Name \_\_\_\_\_ Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_