<Protocol Title / HRPO#>
PI: Dr. <Name>

Clinical Trial Personnel Log		
Protocol # <HRPO#>	Site: Washington University School of Medicine, St. Louis Clinical Outcomes Research Office	<PI Name> Principal Investigator Name

As the Principal Investigator (PI) for the study: <HRPO#: Protocol Title>, I have authorized the following personnel to assume the indicated study authority. I understand that this in no way alters my responsibilities as defined by ICH/GCP, applicable regulations, and the clinical trial agreement (or equivalent).

Principal Investigator Signature:_____ Date:_____

*Authorized Functions		
Administration(A)	Project Management (P)	Subject Management (S)
A.1. Contract Negotiations	P1. IRB Submissions/Communications	S.1. Subject Pre-Screening and Screening for Eligibility.
A.2. Fiscal Management	P2. Patient Recruitment Activities	S.2. Obtain Informed Consent
A.3. Strategic Planning	P3. Sponsor, CRO, Funding Agency Contact	S.3. Subject Education
A.4. Patient Database	P.4. Regulatory Files Creation and Maintenance	S.4. Monitor Patient Compliance
A.5. Performance Tracking	P.5. CRF Completion/Data Management	S.5. Subject Enrollment and Retention
A.6. Quality Assurance	P.6. Adverse Event Reports	S .6 Clinical Assessments or Testing
	P.7. Organization Tools (checklists, etc)	S.7 Adverse Event Determination
	P.8. Study Staff Training	S.8 Appointment Scheduling
	P.9. Drug/Device Storage & Accountability	S.9 Patient Randomization
	P.10. Storage of Study Documents	
	P.11. Maintenance and Breaking of Blind	

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Personnel Name (Please Print)	Initials	Signature	Role in Study (PI, SC, Sub-I, Pharmacist, etc.)	Authorized Functions* (List all that apply from list above)	Start Date	PI Initials / Date	End Date	PI Initials / Date

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