Signature and Responsibility list

Principal Investigator	Site	Protocol/protocol nr.

NAME Printed	**SIGNATURE**	**INITIALS**	**STUDY FUNCTION**	**PERIOD**	**RESPONSIBILITY** (codes*)	**PRINCIPAL INVESTIGATOR** Date and Sign
			Principal Investigator	Start date…… End date……		
			__Co-Investigator __Research Nurse __Other_____	Start date…… End date……		
			__Co-Investigator __Research Nurse __Other_____	Start date…… End date……		
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			__Co-Investigator __Research Nurse __Other_____	Start date…… End date……		

*** Codes**

1) Confirm subject eligibility criteria**
2) Obtaining informed concent**
3) Medical care according to protocol**
4) Prescription of Study drugs**
6) Collect and report AE/SAE
7) CRF/eCRF completion
8) Supplementary study information
9) Patient randomization
11) Participation at monitoring
12) Screening ……
13)……
14)……

5) Assess AE/SAE**

10) Study drug handling

Note: ** only for Co-Investigator

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