**APPENDIX 1 – BLANK DOA & SIGNATURE LOG**

|  |
| --- |
| The principal investigator has responsibility for the conduct of the study at the participating organisation. The principal investigator can delegate tasks to other people at the participating organisation. Anyone who is delegated tasks by the principal investigator must fill in this log, and be confirmed by the principal investigator, before carrying out those tasks. The principal investigator must confirm that people delegated tasks have been appropriately trained to carry out those tasks before they perform them. The participating organisation must keep the original log up-to-date according to the requirements of the sponsor. |

I confirm/ acknowledge that the information in this form is correct and that;

* I will remain responsible for the conduct of the study and reported data at this participating organisation.
* I will oversee the study at this participating organisation.
* I will authorise tasks to be delegated to people listed in this form.
* I will only delegate tasks to people who are appropriately skilled and trained to carry out those tasks.
* I will tell the people delegated tasks of their responsibilities in carrying out those tasks.
* I will make sure that no one who is to be delegated tasks will carry out those tasks before they have been delegated to them.
* I will make sure that no one who is to be delegated tasks will carry out those tasks before they have completed any training required to carry out the tasks.
* I will make sure that people delegated tasks receive the necessary information and training at the proper times.
* I will make sure that any and all changes to people delegated tasks, or the delegated tasks, are recorded on this form at the proper times.
* I acknowledge the Data Privacy Statement attached to this log.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Principal Investigator** | **Principal Investigator’s Signature** | **Principal Investigator’s Initials** | **Start Date**(dd/mmm/yyyy) | **End Date**(dd/mmm/yyyy) |  |
|  |  |  |  |  |  |

**Key of roles**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | CI = Chief Investigator | 2. | PI = Principal Investigator |  |
| 3. | RF = Research Fellow | 4. | RN = Research Nurse |  |
| 5. | CRA = Clinical Research Associate | 6. | P = Pharmacist |  |
| 7. | RA = Research Administrator | 8. | HCA = Health Care Assistant |  |
| 9. | S = Statistician | 10. | TM = Trial Manager |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 11. | Other\* | 12. | Other\* |  |
|  |  |  |  |  |
| 13. | Other\* | 14. | Other\* |  |
|  |  |  |  |  |
| (\*) Other roles that are specific to the study, or are local regulatory requirements, identified by the sponsor. |  |

Use the key of roles to complete the Role column. For each person listed in the Name column, record the abbreviation of the role delegated to that person. Roles should only be delegated to people who are suitably qualified by education, training and/or experience to carry out that role.

If there are any additional roles not listed, add these to the “Other\*” sections of the key.

**Key of tasks**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Coordinate approval communications/ submissions | 2. | Screen/ recruit study participants |  |
| 3. | Obtain informed consent | 4. | Confirm eligibility (inclusion/ exclusion) |  |
| 5. | Obtain medical/ medication history | 6. | Perform medical examination (medic only) |  |
| 7. | Conduct study visit procedures (e.g. vital signs, height, weight, ECG) | 8. | Conducts specialist study visit procedures (e.g. photography, audio recordings) |  |
| 9. | Perform study related assessments | 10. | Make study related medical decisions |  |
| 11. | Evaluate study related test results | 12 | Evaluation of trial lab results |  |
| 13. | Collect biological samples/ material | 14. | Process, store or ship biological samples/ material  |  |
| 15. | Randomise study participants (with or without IWRS/ IVRS) | 16. | Make (e)CRF entries or corrections  |  |
| 17. | Sign off (e)CRFs  | 18. | Resolve data queries  |  |
| 19. | Maintain essential documents  | 20. | Manage IMP/ device receipt, storage and temperature monitoring  |  |
| 21. | Prepare and/ or dispense IMP/ device  | 22. | Managed IMP/ device accountability  |  |
| 23. | Administering study medication | 24. | Assesses AE/ SAE severity/causality/expectedness |  |
| 25. | Report SAEs | 26. | Report Serious Adverse Device Event/Device Deficiency |  |
| 27. | Report eSUSAR | 28. | Report Unexpected Serious Adverse Device Event |  |
| 29. | Receive/ access safety notifications | 30. | Activities related to regulatory communications/ submissions |  |
| 31. | Activities related to randomisation code break |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 32. | Other\* | 33. | Other\* |  |
|  |  |  |  |  |
| 34. | Other\* | 35. | Other\* |  |
|  |  |  |  |  |
| (\*) Other tasks that are specific to the study, or are local regulatory requirements, identified by the sponsor. |  |

Use the key of tasks to complete the Study Task column. For each person listed in the Name column, record the number(s) of the task(s) delegated to that person. Numbers can be recorded consecutively, or as a range, e.g. 3, 4, 5, 6, or 3-6; 8-11. Tasks should only be delegated to people who are suitably qualified by education, training and/or experience to carry out that task/role.

If there are any additional study specific tasks not listed, add these to the “Other\*” sections of the key.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME**(Please print) | **SIGNATURE**My signature below indicates:* I accept to carry out the delegated task(s)
* I acknowledge the Data Privacy Statement attached to this document
 | **INITIALS** | **ROLE**(Select from the key) | **STUDY TASK**(Select from the key) | **START OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** | **END OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This log should include all people who routinely see study participants, who carry out study protocol related tasks, or who are responsible for data collection/interpretation. Add new or replacement people as appropriate.**NAME**(Please print) | **SIGNATURE**My signature below indicates:* I accept to carry out the delegated task(s)
* I acknowledge the Data Privacy Statement attached to this document
 | **INITIALS** | **ROLE**(Select from the key) | **STUDY TASK**(Select from the key) | **START OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** | **END OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME**(Please print) | **SIGNATURE**My signature below indicates:* I accept to carry out the delegated task(s)
* I acknowledge the Data Privacy Statement attached to this document
 | **INITIALS** | **ROLE**(Select from the key) | **STUDY TASK**(Select from the key) | **START OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** | **END OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME**(Please print) | **SIGNATURE**My signature below indicates:* I accept to carry out the delegated task(s)
* I acknowledge the Data Privacy Statement attached to this document
 | **INITIALS** | **ROLE**(Select from the key) | **STUDY TASK**(Select from the key) | **START OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** | **END OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME**(Please print) | **SIGNATURE**My signature below indicates:* I accept to carry out the delegated task(s)
* I acknowledge the Data Privacy Statement attached to this document
 | **INITIALS** | **ROLE**(Select from the key) | **STUDY TASK**(Select from the key) | **START OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** | **END OF TASK(S)**(dd/mmm/yyyy) | **PI SIGNATURE** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments:** | Please initial the box if there are no comments |  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*(To be completed by the Principal Investigator at the end of the study).*

**I confirm that the information in this form is accurate and complete.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Name of Principal Investigator *(please print)*** |  | **Signature** |  | **Date *(dd/mm/yyyy)*** |  |

[**\*\*\*DELETE THIS TEXT PRIOR TO SHARING THE LOG\*\*\***The Study Sponsor should include the yellow highlighted text below appropriate to their status (i.e. **[public institution, e.g. NHS or higher education institution]**, **[commercial]**, or **[charity]**) and delete the other highlighted text, prior to sharing this log with the participating NHS / HSC organisation as part of the local information pack, or later as appropriate. **\*\*\*DELETE THIS TEXT PRIOR TO SHARING THE LOG\*\*\***].

**Data Privacy Statement**

The above named Study Sponsor, being a [public institution concerned with sponsoring health care research for the public good] [commercial company with a legitimate interest in conducting health care research] [registered charity with a legitimate interest in conducting health care research], will process the Personal Data that you provide in this staff signature and delegation log (together with associated personal data that you may provide as deemed necessary by the Study Sponsor, including CVs, training certificates and so forth, as well as other data about you obtainable from public sources or present in Source Data relating to the conduct of this Study) as necessary to fulfil its purposes in relation to this study and future studies, [**[DELETE\*\*\*for use by public institution sponsors, e.g. NHS or higher education institution\*\*\*DELETE]** on the basis of the public interest in so doing (i.e. the legal basis for the processing of your personal data by and on behalf of the Study Sponsor as data Controller is that it is a task in the public interest)] [**[DELETE\*\*\*for use by commercial or charity or charity sponsor\*\*\*DELETE]** on the basis of their legitimate interest in so doing (i.e. the legal basis for the processing of your Personal Data by and on behalf of the Study Sponsor as data Controller is their legitimate interest)]. Your Personal Data processed for the purpose of this Study (or for future studies, as below) will not include Sensitive Personal Data, as defined in the Data Protection Legislation.

The overarching purpose of the Study Sponsor in processing your Personal Data in relation to this study is the exercise of its oversight responsibilities as Sponsor, as defined in The UK Policy Framework for Health and Social Care (and in clinical trial and/or clinical investigation legislation, as and where applicable). Copies of the documents containing your Personal Data may be taken by agents of the Study Sponsor to be provided to the Study Sponsor and / or sent to the Study Sponsor by the participating organisation, as required by the Study Sponsor and as appropriate for the maintenance of its oversight of study activities, including oversight of the appropriateness of persons delegated to undertake such activities. In addition, the Study Sponsor may process your Personal Data for the purposes of determining the feasibility of future research (i.e. in considering the suitability of the above named Participating Organisation for participation in future research studies).

The Study Sponsor will only process your Personal Data as required to fulfil its purposes in relation to this study and future studies (as described above), including processing only that data which is necessary for its purpose/s and retaining your personal data only for as long as required for its purposes (including, but not limited to, adhering to any legal or best practice requirements on the duration of retention of source data and other data relating to the conduct of health care research). Your Personal Data will be securely transferred to the Study Sponsor, and held there, in accordance with the data security policies of the Study Sponsor, access to, or copies of which, will be provided upon request.

In undertaking its obligations as a Sponsor of research, the Study Sponsor may make available your Personal Data to regulatory bodies or other parties with a legal duty, public duty or other legitimate interest in the oversight of healthcare research and the licensing, commissioning, etc. of healthcare interventions.

You have the following rights regarding your personal data:

* To be informed – you can ask the Study Sponsor what Personal Data they are processing about you and why.
* To access – you can ask the Study Sponsor to see the Personal Data that they hold about you and obtain a copy.
* Rectification – you can ask the Study Sponsor to correct any inaccurate information that they hold about you.
* Restriction – you can ask the Study Sponsor not to process information about you if the information is inaccurate, processed unlawfully, or no longer needed for the stated purpose.
* To object – you can ask that the Study Sponsor ceases its processing of your Personal Data, which it must do unless it is able to demonstrate compelling legitimate grounds for the processing which overrides your interests, rights and freedoms or that its processing is necessary for the establishment, exercise or defence of legal claims

Please note that if in exercising these rights you compromise the ability of the Study Sponsor to fulfil its stated purposes, you may be removed from your role in this study.

If you want to ask about your rights, or have any other questions or complaints about how the Study Sponsor has handled your Personal Data, you can contact the Study Sponsor at any time via [xxxxxxx]. Should you wish to contact the Data Protection Officer of the Study Sponsor you may do so via [xxxxxxx].

If you are not satisfied with the response you receive to any questions in relation to your Personal Data or any requests that you make in order to exercise your rights in relation to your Personal Data, or if you believe that your Personal Data is being processed in a way that is not lawful, you can complain to the Information Commissioner’s Office (ICO).