Delegation log

**Protocol: Agents Intervening against Delirium in the Intensive Care Unit (AID-ICU) Trial**

**Site: *Insert name of department and/or hospital***

**Investigator: *Insert name***

**Description key for delegation log:**

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **Screening of patients, assessment of inclusion and exclusion criteria and performing randomisation.** | **F** | **Prescribing of trial medication on medical chart** |
| **B** | **Acquirement of consent according to national regulations** | **G** | **Receipt of trial medication** |
| **C** | **Register data in eCRF** | **H** | **Destruction of trial medication** |
| **D** | **Identify SAR and SUSAR** | **I** | **Education of study personnel** |
| **E** | **Report SAR and SUSAR to sponsor** |  |  |

**I *insert name* hereby delegate the following tasks to AID-ICU trial personnel. In addition, I declare with signature that the following personnel are informed and trained in the relevant trial specific tasks:**

**The AID-ICU trial personnel declare with signature that their e-mail address will be used for AID-ICU newsletters and to personalize a user for the eCRF.**

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| --- | --- | --- | --- | --- | --- |
| **Trial personnel** | **Trial tasks**  **(Descrip-tion key)** | **Dated signature of personnel accepting delegated tasks** | **Local investigator’s dated signature for delegation** | **Date of trial involvement (start)** | **Date of trial involvement (end)** |
| Name: ***insert name***  Title: ***insert title*** |  |  |  |  |  |
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Local investigator’s signature at the end of the trial

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_