Delegation log

**Protocol: Effects of restricting intravenous fluids vs. standard care fluid therapy in patients with septic shock. The Conservative vs. Liberal Approach to fluid therapy of Septic Shock in Intensive Care (CLASSIC) 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.** | **D** | **Identify SAR and SUSAR**  |
| **B** | **Acquirement of consent according to national regulations** | **E** | **Report SAR and SUSAR to sponsor** |
| **C** | **Register data in eCRF** | **F** | **Education of study personnel** |

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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***E-mail: |  |  |  |  |  |
| Name: Title: E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail:  |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |
| Name: Title:E-mail: |  |  |  |  |  |

Local investigator’s signature at the end of the trial

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