Delegation log

**Protocol: Goal directed fluid removal with furosemide in intensive care patients with fluid overload - A randomised, blinded and placebo-controlled trial (GODIF).**

**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.** | **E** | **Report SAR and SUSAR to sponsor** |
| **B** | **Acquirement of consent according to national regulations** | **F** | **Prescribe trial drug in the medicine programme/system** |
| **C** | **Register data in eCRF** | **G** | **Receive and sign for trial drug delivery** |
| **D** | **Identify SAE, SAR and SUSAR** | **H** | **Education of study personnel** |

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

**The personnel declare with signature that their e-mail address will be used for GODIF 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: Title:E-mail: |  |  |  |  |  |
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| Name: Title:E-mail: |  |  |  |  |  |

Local investigator’s signature at the end of the trial:

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