

## RAMPART Site Signature List and Delegation of Responsibilities Log

Please ensure to complete and return a copy of this delegation log to the RAMPART trial team prior to site activation and as any changes to the team occur over time

Principal Investigator Name	Signature	Initials (Short Signature)	Date
Site Name	City	Country	Site Number

Title	Full Name	Initials Short Signature	Signature	Date From dd/mmm/yyyy	Date To dd/mmm/yyyy Please remember to complete when staff discontinue working on this trial	Study Role (e.g. Pharmacist, Pharmacy Technician)	Key Study Task(s) Select corresponding number(s) from list below*	Principal Investigator's Authorisation	
								Signature	Date

**\* Key Study Task**

1 Obtain Informed Consent	2 Determine eligibility	3 Randomisation	4 Conduct study visit procedures
5 Medical care of patients	6 Prescribe study medication	7 DSMS drug allocations	8 Administer study medication
9 Complete CRFs/data query completion	10 Adverse event reporting (incl. SAEs)	11 Sample collection and processing	12 CT scan upload
13 Investigator Site File Maintenance	14 R&D submission	15 Dispense IMP	16 Prepare IMP
17 IMP Accountability and destruction	18 Pharmacy Site File Maintenance		