

## RAMPART Pharmacy 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

<b>Principal Investigator Name</b>	<b>Signature</b>	<b>Initials (Short Signature)</b>	<b>Date</b>
<b>Site Name</b>	<b>City</b>	<b>Country</b>	<b>Site Number</b>

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 Dispense IMP	2 Prepare IMP	3 IMP Accountability and Destruction	4 Pharmacy Site File Maintenance
5 DSMS Drug Allocations			