GRAMAREG– SIGNATURE AND DELEGATION LOG

Protocol	**GRAMAREG**	**Site ID**		**-**	
Name of the PI		**Site name**			

This document must be signed by **all site study staff directly or specifically** involved in **study specific** patient assessment, study data collection and data entry into eCRF. If you cannot fit the names of all the Site Study Staff onto one page, please make a copy of the blank page and fill out both pages accordingly. An original copy of this form should be kept in the site study binder and updated if any changes in site staff occur. These changes must be communicated to the Sponsor/Subsponsor with all the required information in order to receive the specific password/access. The logins and passwords assigned to each person listed below are personal, not transferable, and confidential. By signing this document, each individual agrees to these terms.

*Please note that the PI's short signature is required for **each user**.

NAME	TITLE	FUNCTION (*)	RESP. (**)	SIGNATURE	DATE RESP. STARTED / ENDED		PI (SHORT) SIGNATURE FOR APPROVAL	E-MAIL

(*) **Function: PI** = Principal Investigator, **SI** = Sub-Investigator, **SN** = Study nurse, **OTH** = Other: please specify

(**) **Delegated Responsibility: DOC =** online documentation in eCRF, coordination of questionnaires & registration of patients; **IC** = Informed Consent procedure & review of inclusion and exclusion criteria; **ALL** = all study related actions; **OTH** = Other: please specify

Please complete all fillable fields (grey) electronically, insert dates and signatures, save the file, and email it to gramareg@eubreast.org and your National Steering Committee. Please print a copy for your files.