CIBMTR® CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH	**NMDP Protocol 10-CBA: A multicenter access and distribution protocol for unlicensed cryopreserved cord blood units (CBUs) in pediatric and adult patients with hematologic malignancies and other indications**	Institution Name: Site #:

DELEGATION OF AUTHORITY LOG

The following is a complete list of all persons authorized to be part of the institution's study staff. This document is a required essential document that must be maintained throughout the life of the study and be kept current and legible. Inform your RCI BMT Study Team with any updates to the log for staff changes.

**Principal Investigator Initial/Date is the acknowledgement of personnel's delegations and study start date*

PLEASE PRINT LEGIBLY IN ALL COLUMNS EXCEPT FOR SIGNATURE AND INITIAL COLUMNS

Name and Credentials First name, last name, and credentials (i.e. MD, RN)	**Role on Study** (i.e. Coordinator, PI, Sub-I, Data Manager) *Ensure PI and Primary Coordinator are identified*	**Study Responsibilities** (Refer to key below)	**Signature**	**Initials**	**Start Date for Study** (dd-mmm-yyyy)	**Principal Investigator Initial/Date***	**End Date for Study** (dd-mmm-yyyy)

Responsibilities:

1. Obtain Informed Consent
2. Determine Subject Eligibility
3. Adverse Event Reporting
4. Adverse Event Assessment (AE/SAE)
5. Perform Subject Assessments
6. Perform Study Procedures
7. Data Collection
8. CRF Completion
9. CRF Review/Sign Off
10. Investigator Study File Administration
11. Prepare/Submit Regulatory Documents
12. Investigational Product dispensing/administration
13. Investigational Product Accountability
14. Sample Collection/Processing/Shipment
15. Other:_____
16. Other:_____
17. Other:_____

Principal Investigator's Signature (To be signed ONLY at log Close Out):		**Date:**	

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Responsibilities:

18. Obtain Informed Consent
19. Determine Subject Eligibility
20. Adverse Event Reporting
21. Adverse Event Assessment (AE/SAE)
22. Perform Subject Assessments
23. Perform Study Procedures
24. Data Collection
25. CRF Completion
26. CRF Review/Sign Off
27. Investigator Study File Administration
28. Prepare/Submit Regulatory Documents
29. Investigational Product dispensing/administration
30. Investigational Product Accountability
31. Sample Collection/Processing/Shipment
32. Other:_____
33. Other:_____
34. Other:_____

Principal Investigator's Signature (To be signed ONLY at log Close Out):		**Date:**	