DAIDS DOD Log
Investigator/Investigator of Record (IoR) Additional Lines

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By signing, I confirm/acknowledge that the tasks listed below will only be delegated to appropriately trained, skilled, and qualified staff. I remain responsible for the overall study conduct and reported data and I will ensure study oversight. Any changes in staff or delegation in staff will be recorded in real time.

Investigator/IoR Name	Investigator/IoR Signature	Initials and Date	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy) (complete only if prior to end of study)

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