

**MELODY – SIGNATURE AND DELEGATION LOG**



<b>Protocol</b>	<b>MELODY</b>	<b>Site ID</b>		-	
<b>Name of the PI</b>		<b>Site name</b>			

To be signed by **all site study staff directly or specifically** involved in **study specific** patient assessment, study data collection and data entry into eCRF  
 In case more site study staff need to be added than the rows allocated by the hereunder table, please make copies of the blank page 1 to cover all site personnel. The original of this form should be kept in the site study binder and updated if any change in site staff occurs. This information is necessary to allocate the specific password/access. The login & password that will be attributed are personal, not transferable, and confidential.

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

(\*) **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, save the file and send it to [melody@eubreast.com](mailto:melody@eubreast.com).**

**Afterwards, print it out. After filling in dates and signatures send a scan to your National Steering Committee.**