Signature and Delegation list

Study Centre: Principal Investigator: Protocol Title:

RESPONSIBILITY KEY:

1.Register patients in SITS Registry/SITS Open CRF 2. Assess inclusion, exclusion criteria and confirm eligibility 3. Make registration call 4. Obtain informed consent 5. Perform NIHSS assessment 6. Make study related medical decisions 7. Sign the Physician´s Verification Form	8. Perform mRS assessment 10. Obtain study measurements/collect data according to protocol 11. Source documentation entry (eg. Medical Notes) 12. Assess adverse events 13. Assess and Report adverse events and Serious Adverse Events 14. Maintain study files 15. Archive study material

FULL NAME	EMAIL ADDRESS	PHONE NUMBER	POSITION IN THE STUDY	RESPONSIBILITIES	DATE OF RESPONSIBILITIES		INITIALS	SIGNATURE DELEGATES	PI INITIALS
					START DATE	END DATE			
			Principal Investigator						

To be signed and dated at end of study:

Principal Investigator: **Date:**