

## Supplementary material: Delegation Log

### Site Delegation Log

<b>Study Name:</b>	Poppi: Procedural Pain in Premature Infants	<b>Short title:</b>	Is morphine an effective analgesic for procedural pain in infants?	
<b>Hospital:</b>	John Radcliffe Hospital	<b>Chief Investigator (CI):</b>	Eleri Adams	
		<b>Principal Investigator (PI):</b>	Rebecca Slater	<b>Page:</b> ____ of ____

#### Legend

Use this legend to complete the General Duties column. For each individual listed in the Name column, enter the letter(s) (e.g. a, c, e) from the legend below that correspond to their trial-related duties. If there are significant protocol related duties that are not already included in the legend, add them in the empty spaces provided below.

<b>A</b>	Screen patients	<b>J</b>	ROP screening	<b>S</b>	Other (specify)
<b>B</b>	Clinical assessment of eligibility	<b>K</b>	Data collection	<b>T</b>	
<b>C</b>	Obtain informed consent	<b>L</b>	Data entry/ resolution of data queries	<b>U</b>	
<b>D</b>	Randomisation	<b>M</b>	Post-acquisition analysis (video)	<b>V</b>	
<b>E</b>	Prescribe Investigational Medicinal product (IMP)	<b>N</b>	Post-acquisition analysis (electrophysiology/physiology)	<b>W</b>	
<b>F</b>	Prepare and administer IMP	<b>O</b>	SAE clinical review/causality assessment & sign off	<b>X</b>	
<b>G</b>	Set up of physiological monitor	<b>P</b>	IMP supply/management	<b>Y</b>	
<b>H</b>	Nociceptive monitoring	<b>Q</b>	IMP accountability logs	<b>Z</b>	
<b>I</b>	Heel lance	<b>R</b>	All of the above		

The Chief Investigator and Principal Investigator should sign below during the Site Close-Out Visit.

Site Close-Out Visit Date:

I have reviewed the information on this log and have found it to be accurate. All delegated duties were performed with our authorisation.

Chief Investigator Signature: \_\_\_\_\_ Date:

Principal Investigator Signature: \_\_\_\_\_ Date:

## Site Delegation Log

<b>Study Name:</b>	POPPI: Procedural Pain in Premature Infants	<b>Short title:</b>	Is morphine an effective analgesic for procedural pain in infants?
<b>Hospital:</b>	John Radcliffe Hospital	<b>Chief Investigator (CI):</b>	Eleri Adams
		<b>Principal Investigator (PI):</b>	Rebecca Slater



Page: \_\_\_\_ of \_\_\_\_

*This log should include all relevant trial staff and other clinical staff who routinely carry out trial procedures or who have specific data collection/interpretation duties. Add new or replacement staff as appropriate.*

*Please send updated copies to the Poppi Co-ordinating Centre.*

**Note: Please complete the log and obtain the CI's approval before starting trial duties. The CI must countersign every row.**

Full Name <i>(Please print)</i>	Role	General Duties <i>(see legend for delegation codes)</i>	Signature	Usual Initials	Email Address	Date of duties		Chief Investigator Signature	Date of CI Signature	Appropriate GCP? Yes <input type="checkbox"/> No <input type="checkbox"/>
						From DD/MM YYYY	End DD/MM YYYY			
						DD/MM YYYY	DD/MM YYYY		DD/MM YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>
						DD/MM YYYY	DD/MM YYYY		DD/MM YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>
						DD/MM YYYY	DD/MM YYYY		DD/MM YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>
						DD/MM YYYY	DD/MM YYYY		DD/MM YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>
						DD/MM YYYY	DD/MM YYYY		DD/MM YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>
						DD/MM YYYY	DD/MM YYYY		DD/MM YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>