

# SWOG Site Authority Log

Principal Investigator: \_\_\_\_\_ Site Name: \_\_\_\_\_ SWOG Site Number: \_\_\_\_\_

Participating Site Personnel (Please Print Name and Title)	Authorization Code(s) (See Legend Below)	Signature	Initials	Numerical Writing Sample (Please Print Numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, 9)	Date Authorized:	
					Start Date	Stop Date
Name: _____ Title: _____						
Name: _____ Title: _____						
Name: _____ Title: _____						
Name: _____ Title: _____						
Name: _____ Title: _____						
Name: _____ Title: _____						
Name: _____ Title: _____						

**Authorization Code Legend:**

A = Physical Exams	D = Complete/Correct CRFs	G = Laboratory Specimen Collection	J = Medical History
B = Obtain Informed Consent	E = Dispense Medications	H = Vital Signs	K = _____
C = Determine Patient Eligibility	F = Regulatory Affairs	I = Adverse Event Assessments	L = _____

\*\*\*The Principal Investigator Must Sign This Form To Certify That Each Of The Aforementioned Site Staff Are Trained And Qualified to Perform the Specified Duties For NCI Sponsored Protocols.

\_\_\_\_\_

Principal Investigator (Printed Name)      Signature      Initials      Date