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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name****(Please print)** | **Signature** | **Initials** | **Project Rolea** | **Delegation Dutiesb****(Please circle all that apply)** | **PI Initials** | **PI Date** | **Start Date** | **End Date** |
|  |  |  |  | 1 2 3 4 5 6 7 8 910 (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  | 1 2 3 4 5 6 7 8 910 (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  | 1 2 3 4 5 6 7 8 9 10 (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
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|  |  |  |  | 1 2 3 4 5 6 78 9 10(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **PI = Principal Investigator; CoPI = Co-Investigator; RM = research members; Coll = Collaborator; STA = Farm Staff; O = Other, specify**
2. **1=Confirm Eligibility 2=Daily Observations of animal health 3=Verification of food/water 4=Evaluation of Study Lab Results 5=Reporting Adverse Events**

**6=Administering food/water 7=Perform Study Procedures 8= Weekday 9= Weekend/holiday 10=Other (Please specify)**

**PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**