

**Note-to-File**

*Memo To:* Investigator Site File (ISF)

*Date:*

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*From:*

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*Study:*

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*Subject:* Non Signature of Study Staff Member on Study Staff Delegation Log

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*Copies:* Clinical Trial Master File

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Study Staff Member Name: \_\_\_\_\_

Study Staff Member Title: \_\_\_\_\_

The following person noted above did not sign the Study Staff Delegation Log due to:

\_\_\_\_ Inadvertent Site Error

\_\_\_\_ Other (*please indicate*): \_\_\_\_\_

This person had the following responsibilities while on the study (*please indicate*):

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This person served on the study for the following time period (*please indicate*):

Study Start \_\_\_\_\_

Study End \_\_\_\_\_

I certify the above to be true.

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Signature of Principal Investigator

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Date Signed