Study	Site Number	Site Name	Principal Investigator

Electronic Records Statement: My electronic signature as it applies to entering electronic data or signing records, including on Sponsor-owned or Sponsor-outsourced electronic systems, is the legally binding equivalent of my handwritten signature. I will not share password(s) assigned to me for this study with any other person.

By signing this form, you are acknowledging and in agreement with the above Electronic Records Statement.

Staff Member Name	Role	Delegated Tasks (See table below)	Staff Member Signature	Initials	Study Dates	PI Initials	PI Approval Date DD/MMM/YYYY
	☐ Principal Investigator ☐ Sub/Co-Investigator ☐ Study Coordinator ☐ Lead Echocardiographer ☐ Other (please specify): ___________________				Start Date:		
					End Date:		
	☐ Principal Investigator ☐ Sub/Co-Investigator ☐ Study Coordinator ☐ Lead Echocardiographer ☐ Other (please specify): ___________________				Start Date:		
					End Date:		
	☐ Principal Investigator ☐ Sub/Co-Investigator ☐ Study Coordinator ☐ Lead Echocardiographer ☐ Other (please specify): ___________________				Start Date:		
					End Date:		
	☐ Principal Investigator ☐ Sub/Co-Investigator ☐ Study Coordinator ☐ Lead Echocardiographer ☐ Other (please specify): ___________________				Start Date:		
					End Date:		

Task Codes

1. Eligibility assessment	6. EDC access (eCRF completion, correction, queries)	11. Perform NIHSS or mRS assessments
2. Informed consent administration	7. eCRF sign off (EDC)	12. Other:____________________
3. Perform CLAAS procedure	8. Maintain regulatory binder	13. Other:____________________
4. Perform study assessments	9. Device accountability/return	14. Other:____________________
5. Documentation of source data	10. Perform imaging protocol	15. Other:____________________