



Investigator Sponsored Research Portal

Investigator Delegate Request

Study Title:

Delegate Information

ViiV ISR Portal

Account ID

(Email Address):

Investigator Authorization

I authorize that the person listed above has my permission to access and provide data on my behalf for the referenced study (title above) into the ViiV ISR Portal.

I also understand that even though I am assigning a delegate, that I remain responsible for the content entered by the delegate on my behalf.

Signature:

Print Name:

Date:
