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| **Protocol Training Log**  All site personnel involved in this clinical trial must complete this form.  The form should be filed in Trial Master File/Investigator Site File |

**APPENDIX 2**

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| **Sponsor reference number:** | **Principal Investigator:** |
| **Site Name:** | **Study Title:** |

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| Date | Training Topic\* | Trainer name | Trainer signature | Trainee Name | Trainee signature |
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I …………………………………… (Name) confirm that I have read/received training in the areas as described above. I understand that any amendments to the protocol may result in the requirement for retraining in the relevant areas. ……………………….…………………………………………….. (Signature) ……………………….. (Date)

1. Protocol (include version number) 7. GCP and regulatory requirements 12. Other ……………………………….
2. Investigator Brochure/SmPC 8. Maintenance of source documents 13. Other …………………………………
3. Informed consent procedures 9. Maintenance of TMF/ISF 14. Other………………………………..
4. AE/SAE reporting procedures 10. Handling/storage/Shipping of Lab samples
5. CRF/eCRF/Data Entry 11. Other ……………………………………………..
6. Electronic Case Report form/data entry