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| **Protocol/ Clinical Investigation Plan 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 |

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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/ Clinical Investigation Plan (CIP) may result in the requirement for retraining in the relevant areas. ……………………….…………………………………………….. (Signature) ……………………….. (Date)

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