**IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
|  Site Initiation Visit/Meeting |  Protocol v\_\_\_\_\_\_\_\_\_ Dated \_\_/\_\_/\_\_\_\_\_\_ |  Investigator Brochure Ed. \_\_\_ Dated \_\_/\_\_/\_\_\_\_\_\_ |
|  Laboratory Processing/Shipping |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  SOP: Dated \_\_/\_\_/\_\_\_\_\_\_ |

By signing above, each staff member verifies they have been trained on the information and understand the obligations/responsibilities associated with this training.

| Training Date(if different than above) | Trainee Name(please print) | Trainee Signature | Training Format(ie Presentation; Self-Study) |
| --- | --- | --- | --- |
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Trainer Name (if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer Signature (if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)