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

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

|  |  |  |
| --- | --- | --- |
| 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) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Trainer Name (if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer Signature (if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)