

**SepTiC Sealed Envelope (Unblinded Pharmacist) Training Log**

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| **Instructions for Sites and Users** |
| 1. Unblinded pharmacists must first complete the SepTiC Sealed Envelope for Unblinded Pharmacist Training
2. The Unblinded Pharmacist will then complete this form to confirm that the Unblinded Pharmacist Training has been received and understood.
3. Unblinded Pharmacist must sign a User Acceptance Form to gain access to Sealed Envelope for kit allocation and viewing unblinded allocations.
4. An email from Sealed Envelope with a link to the study will be generated and sent to each user.
5. Users should check their spam emails and add Sealed Envelope to the safe-senders list.
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| **Study Name**  | Sepsis Trials in Critical Care (SepTiC) | **Investigator Name** |  |
| **Site Staff Full Name (Print):** |  | **Site Number** |  |
| **Name of document** | **Version and date of documents trained on** | **Date training completed by Unblinded Pharmacist** | **Signature of Unblinded Pharmacist** |
| **Sealed Envelope for Unblinded Pharmacist** | Version: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **SepTiC Protocol** | Version: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **IMP Handling Manual** | Version: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **IMP Management Plan** | Version: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Sargramostim Investigators Brochure** | Version: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

* **Signatures must be electronic or in wet ink, images of signatures cannot be accepted**.
* **I confirm that I have received, reviewed and understood the Sealed Envelope for Unblinded Pharmacist Training.**