**TRIAL SITE STAFF TRAINING SUMMARY**

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| --- | --- | --- | --- |
| **STUDY NAME** | **SepTiC** | **INVESTIGATOR NAME** |  |
| **SITE NAME** |  | **SITE NUMBER** |  |
| **NAME OF STAFF MEMBER** |  | **ROLE IN TRIAL** |  |
| **START DATE** |  | **END DATE** |  |

**1. STUDY DOCUMENT REVIEW**

I confirm that I have received, reviewed and understood the following documents;

|  |  |  |  |
| --- | --- | --- | --- |
| **Document**  | **Version Number and/or Date** | **Date Document Read** | **Signature** |
| Protocol  |  |  |  |
| Protocol amendment(s)  |  |  |  |
| Participant Information Sheet and Consent Form  |  |  |  |
| eCRF Completion Guide  |  |  |  |
| Safety Reporting Manual |  |  |  |
| Sample Manual  |  |  |  |
| Fluid Manual  |  |  |  |
| IMP Handling Manual  |  |  |  |
| Sargramostim Investigators Brochure |  |  |  |
| *[additional rows included for amendments]* |  |  |  |
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**2. STUDY PROCEDURE/ASSESSMENT TRAINING**

I have completed the following training:

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| --- | --- | --- | --- | --- |
| **Topic** | **Date of Completion**  | **Name and Role of Trainer** | **Method of Training (i.e. in-person, telephone or other – please specify)**  | **Signature** |
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