

**Prescriber Training Log**

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| **Instructions for Sites** |
| 1. A site staff member whose usual clinical role is to prescribe medication to patients (including the patient’s treating clinician or a nurse prescriber), may prescribe the IMP for SepTiC patients once points 2-3 are completed.
2. Site staff prescribing IMP for SepTiC must first review the SepTiC Prescriber Overview
3. The site staff member must complete this form to confirm that the prescriber overview has been reviewed and understood.
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| **Study Name**  | Sepsis Trials in Critical Care (SepTiC) | **Investigator Name** |  |
| **Site Name** |  | **Site Number** |  |

* **Signatures must be electronic or in wet ink, images of signatures cannot be accepted**.
* **I confirm that I have received, reviewed and understood the SepTiC prescriber overview.**

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| **Prescriber Staff Full Name (Print):** | **Date of Prescriber Overview & Version** | **Signature of Prescriber** | **Date Prescriber Overview reviewed** |
|  | **Version** |  |  |
| **Date** |
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