UNIVERSITY OF LEICESTER

Protocol Training Log

All site personnel involved in this clinical trial must complete this form.
The form should be filed in Trial Master File/Investigator Site File

Sponsor Reference number:	Principal Investigator:
Site Name:	Study Title:

Date	Training Topic*	Trainer name	Trainer signature	Trainee Name	Trainee signature
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I …… (Name) confirm that I have read/received training in the areas as described above. I understand that any amendments to the protocol may result in the requirement for retraining in the relevant areas.
…….. (Signature) …….. (Date)

1. Protocol (include version number)
2. Investigator Brochure/SmPC
3. Informed consent procedures
4. AE/SAE reporting procedures
5. CRF/eCRF/Data Entry
6. Electronic Case Report form/data entry
7. GCP and regulatory requirements
8. Maintenance of source documents
9. Maintenance of TMF/ISF
10. Handling/storage/Shipping of Lab samples
11. Other ……..
12. Other …….
13. Other ……
14. Other……..