

## Documentation of Protocol Training

Protocol Number:

Brief Protocol Title:

Principal Investigator:

Name of staff member:

Role in study:

The following items must be reviewed and discussed with the PI/designee as applicable:

Item Reviewed/Discussed	Date Completed (or N/A)
Review all Site Initiation Visit slides, if available	
Review current version of protocol	
Review current version of informed consent document	
Review current Investigator Brochure	
Review recruitment materials, if any	
Review Manual of Procedures (MOP), if any	
Review laboratory manual, if any	
Review pharmacy manual, if any	
Review all protocol database(s) and take training if applicable	
Discuss questions and role (on delegation log) with Principal Investigator	

**New staff member signature:** By signing below, I attest that I have reviewed all applicable items/documents related to my role on the study. In addition, I have discussed my role with the PI/designee and all questions have been answered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PI/designee signature:** By signing below, I attest that the staff member has confirmed review of all applicable items/documents related to their role on the study. In addition, I have discussed the staff member's role on the study and all questions have been answered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date