**Training log**

**Content of education/training;** (mark the relevant subjects)

 Background for the trial

 Screening

 Procedure for consent

 Trial drug administration

 Entering data in the eCRF

 Identifying and reporting SAE/SAR/SUSAR

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| **Name of participant** | **Signature** | **Name of participant** | **Signature** |
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Instructor (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_