**Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This record attests that the following people have been trained on the procedures related to the presentations listed below.

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| **Presentation Identifier** | **Presentation Name** | **Presentation Version Date****\*Roles:**1 - Principal Site Investigator2 - sub-Investigator3 - Research Coordinator4 - Dietitian 5 - Pharmacy staff6 - Other, specify (nurse, manager, etc.) |
| A | Introduction & Study Design | (2017-03-27) |
| B | Investigator Responsibilities | (2017-03-27) |
| C | Eligibility - Inclusion/Exclusion Criteria | (2017-03-27) |
| D | Obtaining Consent | (2016-12-13) |
| E | Randomizing a Patient - CRS | (2017-03-27) |
| F | IP Administration & Protocol Violations | (2016-10-31) |
| G | Nutrition Management | (2017-03-27) |
| H | Pharmacy Procedures | (2017-03-27) |
| I | Data Collection | (2017-03-27) |
| J | SAE Reporting | (2016-10-02) |
| K | Outcomes - 6 Month Follow-up | (2017-03-27) |
| L | Data Queries and Monitoring | (2016-10-31) |

Enter the name of each person trained, her/his role (refer to taxonomy), and enter the letter of each presentation attended from the table above, and the attendees email address. Obtain a signature from each attendee in the space provided.

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| **Presentations Attended(A-L)** | **Name of Trainee (printed or typed)** | **Role\* (per key)** | **Signature** | **Date** | **Trained by: self-study: other:** |
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| **Presentations Attended(A-E)** | **Name of Attendee (printed or typed)** | **Role\* (per key)** | **Email Address** | **Signature** |  |
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