### *This log is to be completed from the time of the Investigator Meeting (or the Site Initiation Visit, whichever comes first) and to be updated for any subsequent study-specific training that is provided to site staff (either by the Principal Investigator, IQVIA, or external trainer) at any time during the course of the study and when there is a change in study site staff.*

PI英文拼音签字和日期（项目结束时才填写）

*Study tasks can not be delegated to Site Staff unless they have taken the required training to complete the tasks and the training has been documented.*

### ***It is the responsibility of the Principal Investigator to ensure their staff are qualified and properly trained to participate in the study (ICH-GCP 4.2).***

**Principal Investigator’s Signature** *(to be obtained at the Site Close-out Visit)*:

I hereby confirm that the information on this log is accurate and complete.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Principal Investigator Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Date of Training**  (DD/MMM/YY) | **Training Title / Subject** | **Training Method**  (Face to Face, Web-based, Conference, etc.) | **Trainer’s Name**  (if applicable) | **Trainee Name & Study Role**  (Sub-Investigator, Study Coordinator, etc.) | **Trainee’s Signature** | **Comments**  (Reference location of training records / training certificates,  被培训人英文拼音签字在Trainee Signature处（请对应旁边一列的Trainee Name）,  as applicable) |
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|  |  | 培训日期，培训内容，培训方法，培训人名字，被培训人名字和授权角色由CRA填写 |  |  |  |  |
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