



## Site Training Log

<b>Protocol ID:</b> 34	<b>Type of Training:</b>		
<b>Protocol short Title:</b> Delta Revision Cup	Remote <input type="checkbox"/>		
<b>Principal Investigator:</b> Dr Jerzy Bialecki	On-Site <input checked="" type="checkbox"/>		
<b>Study site name</b> Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP	Other <input type="checkbox"/> , specify:		
<b>Study site ID:</b> 01			
<b>Country:</b> Poland			
<b>Topics of Training</b>			
<b>1. Protocol v. n. l. / date</b> 28 SEP 2020 a. General b. Safety and protocol Procedures c. Inclusion/Exclusion criteria d. Other, specify:	<b>3. Study Device</b> a. Indication for use b. Surgical procedures c. Safety requirements	<b>5. AEs/SAEs/ADEs/SADEs/DDs</b> a. SAE/SADE/DD reporting timelines and requirements b. AE/ADEs assessment and reporting	<b>7. Other</b>
<b>2. ICH-GCP and ISO 14155:2011</b> Specify, as appropriate:	<b>4. EDC System</b> a. eCRF review and signature b. eCRF data entry and completion	<b>6. Informed Consent</b> ICF form signature and process discussion	
<b>Topics of Training</b>	<b>Study Personnel</b> (Please print full name)	<b>Study Role</b> (Please print)	<b>Signature of Attendance / Date</b> (dd-mm-yy) (The undersigned declares that he/she is now able to carry out the study related responsibilities according to Sponsor requirements.)
1-6	Jerzy Bialecki	PI	Jerzy Bialecki 11. June 21
1-6	JULIA MACIAS	SI	J. Macias 11. June 21
1-6	PAWEŁ BARDOSZ	SI	P. Bardosz 11. June 21



Training package (e.g. agenda, PowerPoint slides, assessments etc) used in training: ☒ Yes ☐ No  
If yes: Training package file location: ☒ at site, specify: 91 OFFICE