Protocol ID:	34	Type of Training:	
Protocol short Title:	Delta Revision Cup	Remote	☐
Principal Investigator:	Dr Jerzy Białecki	On-Site	☒
Study site name Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP		Other	☐ , specify:
Study site ID:	101		
Country:	Poland		

Topics of Training

1. Protocol v. n.__ date_____ a. General b. Safety and protocol Procedures c. Inclusion/Exclusion criteria d. Other, specify:	3. Study Device a. Indication for use b. Surgical procedures c. Safety requirements	5. AEs/SAEs/ADEs/SADEs/DDs a. SAE/SADE/DD reporting timelines and requirements b. AE/ADEs assessment and reporting	7. Other SOURCE DATA COMPLETION AND REQUIREMENTS,
2. ICH-GCP and ISO 14155:2011 Specify, as appropriate:	4. EDC System a. eCRF review and signature b. eCRF data entry and completion	6. Informed Consent ICF form signature and process discussion	

Topics of Training	Study Personnel (Please print full name)	Study Role (Please print)	Signature of Attendance / Date (dd-mmm-yy) (The undersigned declares that he/she is now able to carry out the study related responsibilities according to Sponsor requirements.)	
6,7	JULIA MACIAS	SI	*Maciej*	18 NOV 2021

Topics of Training	TRAINER (Please print full name)	TRAINER Role	Signature of TRAINER	Date (dd-mmm-yy)
6.7	ADAM KOGUT	CRA	_[signature]_	18 Nov 2021

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