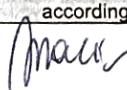
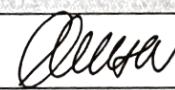




Site Training Log

Protocol ID: 34 Protocol short Title: Delta Revision Cup Principal Investigator: Prof. Jerzy Bialecki Study site name Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP Study site ID: 101 Country: Poland		Type of Training: Remote <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Other <input type="checkbox"/> , specify:		
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	
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 – Informed Consent	Dr Julia Macias	SI	 25 Oct 2023	
Topics of Training	TRAINER (Please print full name)	TRAINER Role	Signature of TRAINER	Date (dd-mmm-yy)
Consent procedure	jaroslaw malski	CRA		25 Oct 2023
Training package (e.g. agenda, PowerPoint slides, assessments etc) used in training: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Training package file location: <input type="checkbox"/> at site, specify:				