



## Site Training Log

Protocol ID: 34	Type of Training:
Protocol short Title: Delta Revision Cup	Remote <input type="checkbox"/>
Principal Investigator: Dr Jerzy Bialecki	On-Site <input checked="" type="checkbox"/>
Study site name Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP	Other <input type="checkbox"/> , 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.)	
5, 6, 7	JULIA MACIA	SI	<i>Macia</i>	03 FEB 2022



## Site Training Log

Topics of Training	TRAINER (Please print full name)	TRAINER Role	Signature of TRAINER	Date (dd-mmm-yy)
5, 6, 7	ADAM KOGUT	CRA	[Signature]	03 FEB 2022

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