

STUDY INVESTIGATOR/SITE STAFF TRAINING RECORD



Protocol Number		Sponsor Name		Study Number 治験整理番号	
Country/Site Name	Japan/Hokkaido University Hospital	Clinical Department 診療科		Site Number	

Trainer: _____

Training Date: _____

note: 1・退職および長期不在のため未記載 / 2・トレーニング対象外

Study Role	Name	Signature	Training Date	Training Location	Training Topic(s)	note
				At Site / Self Training		<input type="checkbox"/> 1 <input type="checkbox"/> 2
				At Site / Self Training		<input type="checkbox"/> 1 <input type="checkbox"/> 2
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