



STUDY INVESTIGATOR/SITE STAFF TRAINING RECORD

Protocol/Study Number: 治験実施計画書番号/治験整理番号	/	Sponsor Name: 治験依頼者名	
Site Name/Number: 施設名/施設番号	Hokkaido University Hospital /	Clinical Department: 診療科	

Trainer : _____ **Training Date:** _____

Study Role	Name	Signature	Training Date	Training Location	Training Topic(s)
PI				At Site / Self Training	2018年 月 日スタートアップ参加(版)
SI				At Site / Self Training	
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