



Training Log

IRB# _____ PET NAME: _____

TITLE:

SPONSOR PROTOCOL #: _____

SPONSOR: _____

PRINCIPAL INVESTIGATOR: _____

Training Description:

SIV Training Amendment Training Other: _____

Type of Training:

Self-directed with provided materials

Trainer Led: _____ Date: _____

(Name)

Training Materials:

Document Type	Version/Date	Comment
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By electronically signing this training log, each individual verifies they have had the opportunity to review the relevant study materials and agrees to conduct the study in accordance with the current protocol. The date of the electronic signature reflects the date training was completed.