

IMPERIAL	Active Form	ICTU Imperial Clinical Trials Unit	
Trial Site Staff Training Summary Form (Recruiting sites)			
Document Number	FRM-OPS-005d	Revision	1



STUDY NAME	COLLABORATE (IRAS 337660)	INVESTIGATOR NAME	
SITE NAME		SITE NUMBER	
NAME OF STAFF MEMBER		ROLE IN TRIAL	
START DATE		END DATE	

1. STUDY DOCUMENT REVIEW

I confirm that I have received, reviewed and understood the following documents:

Document	Version Number and/or Date	Date Document Read	Signature
Protocol (current approved version)	V3.0 09/01/2026		
Participant Information Sheet Part 1	V2.1 12/12/2025		
Participant Information Sheet Part 2	V2.0 22/10/2025		
Verbal consent statement	V2.1 12/12/2025		
OpenClinica eCRF Completion Guidelines	V1.0 05/02/2026		
Safety Reporting Manual for participating sites	V1.0 09/02/2026		
Vitamin and Mineral Supplementation Guidance	V1.2 21/01/2026		
Discretionary Fortification Guidance	V1.2 21/01/2026		

Effective Date	17/12/2025	Review Date	17/12/2028
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Eligibility checklist (<i>optional</i>)	V1.0 27/01/2026		
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2. STUDY PROCEDURE/ASSESSMENT TRAINING

I have completed the following training:

Topic	Date of Completion	Name and Role of Trainer	Method of Training (attended meeting /reviewed meeting slides or meeting recording)	Signature
Site Initiation Visit				

Effective Date	17/12/2025	Review Date	17/12/2028
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