

IMPERIAL	Active Form	ICTU Imperial Clinical Trials Unit	
Trial Site Staff Training Summary Form (Continuing Care 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		
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		

2. STUDY PROCEDURE/ASSESSMENT TRAINING

I have completed the following training:

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