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| **SITE DETAILS** | | | | | | | | | | |
| **Protocol Number:** | **GI-IN26843-78376432** | | | | **Site Name:** | |  | | | |
| **Principal Investigator:** |  | | | | **Site Number:** | |  | | | |
| **Name** | **Study Role** | **Signature** | | **Initials** | | **Study Task(s)\*** | **Start Date** | **End Date**  **(complete only if prior to end of study)** | **Authorised by PI (Initials & Date)** | |
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| **\*Key for study tasks** | | | | | | | | | |
| 1. Informed consent 2. Patient screening and recruitment 3. CRF completion | | | 1. Ethics & Governance submissions 2. Reviewing and reporting adverse drug reactions 3. Other: please specify | | | | | | |

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| **End of Study Declaration (to be completed by the Principal Investigator at the end of the study)**  **I confirm that the above information is accurate and complete, and that I authorised the delegation of study-related tasks to each of the appropriately trained, skilled and qualified individuals as listed above.** | | | | | |
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| **Name** |  | **Signature** |  | **Date** |