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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** |