**PRINCIPLE - Platform Randomised trIal of treatmeNts in the Community for epIdemic**

**and Pandemic iLlnEsses**

**Ethics ref:** 20/SC/0158 **EudraCT Number:** 2020-001209-22

**PI Name: ……………………………**

**Site Name: …………………………………………………**

**Site ODS Code: ………………………………………….**

**I can confirm that I, and all staff listed below, have viewed the Trial Training Slides and understand the tasks that I need to perform for the PRINCIPLE trial.**

|  |  |
| --- | --- |
| Name | Position (GP/pharmacist/nurse etc.) |
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Sign:…………………………………………………………………. Print your name:……………………………………………………..

Insert today’s date: \_ \_/\_ \_/\_ \_ \_ \_

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