

Protocol Training Attestation for Study Team Member

By signing below, I attest I have completed all role-based CAPTIVA training available to date.

Study Team Member Role
(PI, Sub-I, PSC, SSC, PPh or Ph)

Study Team Member Printed Name

Study Team Member Signature

Date

<i>For reference, role-based CAPTIVA trainings are indicated in this table.</i>	Principal Investigator	Primary Study Coordinator	Primary Pharmacist
	Sub-Investigator	Secondary Study Coordinator	Pharmacy Personnel
Watch Investigator Meeting Videos 1-11	X		
Watch Investigator Meeting Videos 1-8		X	
Review any subsequent version-updates to protocol (summary of slides available on CAPTIVA training webpage)	X	X	
Watch Stroke In and Out of Territory of the Stenotic Intracranial Artery Training Video	X		
Review Pharmacy MOP			X

Upload this completed form in WebDCU™ under Protocol Training Placeholder (PI, Sub-I, PSC, SSC) or Pharmacy Training Placeholder (PPh, Ph)