





MATRIX Site Investigator of Record (IoR) Training Documentation Form

This document verifies that I have completed *Investigator of Record* training as specified in the MATRIX Financial Disclosure and Conflict of Interest (FD-COI) and Human Subjects Research Policies. This training was completed through (please select one below):

	Presentation	led by	MATRIX	Clinical	Trial	Hub	or	designee
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□ Individual review of the *IoR Training Slides* available on the MATRIX website

Other (please specify): _____

Name (print):	
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Signature: _____

Site Affiliation: _____

Date training completed: _____

(mm/dd/yyyy)