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| **JRESDOC0048 - Protocol Acknowledgement Form** | | | |
| **Version number:** | Version 5.0 | **Date:** | 13/08/2024 |

***This form must be signed by the local Principal Investigator of the Study Site for all the approved Study Protocols.***

*(not applicable for cases that the PI is the study Chief Investigator)*

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| --- | --- | --- | --- |
| **Protocol Short Title:** | | | |
| **Protocol Full Title:** | | | |
| EudraCT ID:  (if applicable) | IRAS ID: | | REC ID: |
| **Protocol Version & Date:** | | | |
| **Amendment Number (If applicable):** | | | |
| **CI:** | | **Sponsor:** | |

I acknowledge that I have read and understood the revised version of the protocol for the above trial.

To be completed by the Study Site:

|  |
| --- |
| **Principal Investigator Name** |
| **Site Name** |
| **Site Address** |
| **Site City and Country:** |
| **PI Signature**  **Date (dd/mm/yyyy)** |