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IRB Seminar, Training and Workshop Monitoring Sheet Year____(Form 1.8)

	Name	Position in the	Profession	GCP Training		Basic Research Ethics Training		Continuing advanced Training		Other relevant seminar/training/workshop		Remarks
		IRB		Venue	Date	Venue	Date	Venue	Date	Venue	Date	
1.												
2.												
3.												
4.												
5.												
6.												
7.												