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| Integrated quality management system of the site functions (IQS)**Verification form for on-site instruction** | **IQS\_SOP\_RD\_25002\_ATTM03\_E** |

***Please complete in capitals.***

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| **Instruction title (event)** |  |
| **Date** |  |
| **Period** | from: am/pm | to: am/pm |

The proof of on-site instruction must be confirmed by the individual responsible for the instruction (by giving the date it occurred and his signature. **The individual responsible for the instruction must be a Roche employee**.

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|  **Instructor (Roche): last name, first name, department** | **Date** | **Signature (instructor)** |
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The participant confirms with his or her signature on this proof that the content of the on-site instruction was understood.

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| **Participants****lastname, first name, user name, company name** | **Date** | **Signature** |
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***Unused spaces must be crossed out and thus voided.***

***Please complete in capitals.***

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| **Instruction title (event)** |  |
| **Date** |  |

**Content of the on-site instruction** (add in bullet point form)

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***Unused spaces must be crossed out and thus voided.***