Laboratory Name

Laboratory Address

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| **SUBJECT:** | |
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| **DESCRIPTION:** | |
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| **TRAINER** |  |
| **DATE** |  |
| **TRAINER SIGNATURE** |  |
| **LENGTH OF TRAINING SESSION** |  |
| **CONTINUING EDUCATION UNITS(IF APPLICABLE)** |  |

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| **ATTENDEE NAMES** | **ATTENDEE SIGNATURE\*** | **DATE ATTENDED** |
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\*By signing this Training Attendance Log, I confirm my attendance to the session(s) as detailed above. I understand that this training session will, if applicable, be followed by required demonstration of competencies I obtained during this training. These competency assessments will be recorded on a separate document.