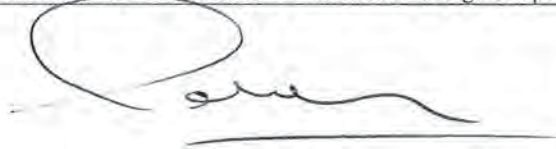




ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Polack	First Name Fernando	Middle Name Pedro
Professional Mailing Address			
Street Address: Luis María Campos 726 Piso 8		Other Street Address: NA	
City: C.A.B.A.	State/Province: C.A.B.A.	Country: Argentina	Zip/Postal Code: 1426
Email Address:	fpolack@i-trials.com fernando.p.polack@vanderbilt.edu		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Post-Doctoral, Infectious Diseases	1996-1999	Johns Hopkins University, Baltimore, Maryland. USA	
Residency, Pediatrics	1993-1996	William Beaumont Hospital, Royal Oak, Michigan. USA	
Residency, Pediatrics	1990-1992	Hospital Francés. Buenos Aires, Argentina	
Medicine	1986-1990	Facultad de Medicina, Universidad de Buenos Aires (UBA). Buenos Aires, Argentina	
Medical License Number	State/Province	Country	
MN 83428	C.A.B.A.	Argentina	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2020-continue	Associate Investigator	Departamento Materno Infantil. Hospital Militar Central Cirujano Mayor Dr. Cosme Argerich	C.A.B.A., Argentina
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2016 - 2018	Board Member	International Respiratory Syncytial Virus Society	USA
2016-2017	Ad Hoc Member	Product Development for Vaccines Advisory Committee (PDVAC) at World Health Organization	Switzerland
2016-continue	Adjunct Professor	Division of Infectious Diseases, Department of Pediatrics, Vanderbilt University	USA
17-May-2017	Consultant	RBPAC, Food & Drug Administration (FDA)	USA
Brief Summary of Relevant Clinical Research Experience:			
<p>Prevention of severe covid-19 in infected elderly by early administration of convalescent plasma with high-titers of antibody against SARS- CoV2. Principal Investigator, 2020</p> <p>Mortality Associated With Acute Respiratory Infections Among Children at Home. Principal Investigator, 2019</p> <p>Impact of RSV Vaccine on LRTI up to 24 months of age: M-301 Follow-up. Principal Investigator, 2019-2020</p> <p>Immune, clinical, demographic and viral risk factors for recurrent wheezing and poor lung function in infants with severe RSV lower respiratory tract illness. Principal Investigator, 2019-continue.</p> <p>Child mortality in the community in low income regions: causes, etiologies, and risk factors in children under five years. Principal Investigator. 2017-continue</p> <p>Long Term Consequences of RSV in a vulnerable population. Principal Investigator, 2017-2019.</p> <p>The Impact of Respiratory Syncytial Virus Disease Prevention on Pediatric Asthma. Principal Investigator. 2016</p> <p>TLR4 genotype and environmental-LPS mediate RSV bronchiolitis through Th2 polarization. Principal Investigator. 2015</p>			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		06 / Nov / 2020	
<p>I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.</p>			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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CENTRO PAULISTA DE INVESTIGAÇÃO CLÍNICA

Facility address:

CEPIC – Centro Paulista de Investigação Clínica e Serviços Médicos Ltda.

Moreira e Costa, 342 – Ipiranga

04266-010 – São Paulo, SP – Brazil.

Phone Number: (55 11) 2271-3450 / Fax:(55 11) 2271-3455

E-mail: criszerb@uol.com.br

CRISTIANO AUGUSTO DE FREITAS ZERBINI

Role: Investigator

Academic Qualification: Rheumatologist

LICENCE: CRM – 19.944 / SP / Brazil

Academic Qualification

<u>Degree/Certification :</u>	<u>Date: (mmm/yyyy):</u>	<u>Institution / City / State / Country.</u>
Full Professor in Rheumatology	1998	Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brazil
Post Doctorate in Rheumatology	1989 - 1992	Boston University School of Medicine, Boston, MA, Estados Unidos da América
PhD in Rheumatology	1980 - 1984	Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brazil
Master Master's Degree in Rheumatology	1977 - 1979	Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brazil
Rmt 31 JUL 20 Rheumatology Residency	FEB/1975 – FEB/1977	Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brazil
Medicine	JAN/1968 – DEC/1973	Faculdade de Medicina da Universidade de São Paulo, São Paulo, SP, Brazil

Professional Experience

- **CEPIC – Centro Paulista de Investigação Clínica e Serviços Médicos, Ltda:**
Director / Investigator 2000 – On-going
- **Hospital Sirio – Libanês, São Paulo, SP, Brazil:**
Advanced Core Coordinator of Rheumatology 2010 – On-going
- **Serviço de Reumatologia / Hospital Heliópolis, São Paulo, SP, Brazil:**
Rheumatologist 1978 – 2014

Relevant Clinical Research Experience:

Clinical Study Phase: I, II, III and IV.

- Rheumatology Rheumatoid Arthritis (54 studies) / Osteoarthritis (07 studies) / Psoriatic Arthritis (01 study) / Lupus (07 studies) / Osteoporosis (22 studies) / Lombalgia (01 study)
- Endocrinology Diabetes (10 studies) / Dyslipidemia (10 studies) / Metabolic Syndrome (01 study) / Adiposidade Intra Abdominal (01 study)
- Pulmonology Asthma (07 studies)
- Gynaecology Menopause (01 study)
- Cardiology Hypertension (02 studies) / Heart Failure (02 studies)
- Vaccine Herpes Zoster (05 studies) / Flu (01 study) / Meningococcal (01 study)

CV_INGLÊS_VERSÃO_21MAR2016.

Rua Moreira e Costa, 342 – Ipiranga

São Paulo, SP – CEP: 04266-010

Telefone: (11) 2271-3450 Fax: (11) 2271-3455

http://www.cepic.com.br e-mail:cepic@cepic.com.br

FDA-CBER-2021-5683-000095



CONTROLE DE LISTA DE INVESTIGAÇÃO CLÍNICA

Courses, Events, Certifications (related to clinical research):

- ICH/GCP Transcelarate BioPharma – Mar/2019
- Encontro de Investigadores/ Estudo de vacina para Herpes Zoster- São Paulo/ SP – Jan/2011;
- Encontro de Investigadores/ Estudo de Artrite reumatóide- Buenos Aires/ Argentina – Oct/2010
- Encontro de Investigadores/ Estudo de Artrite reumatóide- São Paulo/ SP – Apr/2010;
- Conferencista: 3rd Latin American Congress of Clinical Research – 26 e 27 de sep/2006 - Instituto de Ensino e Pesquisa do Hospital Sírio Libanês – SP;
- Conferencista: Reunião dos CEPs do Estado de São Paulo 2005;

Languages

- Portuguese
- English

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Signature: _____

Date: _____

17, APR 2019.



ABBREVIATED CURRICULUM VITAE

Full Name: Edson Duarte Moreira Junior
E-mail: edson.moreira@fiocruz.br

Current Appointment:

Name of Institution: Clinical Research Center - Organizações Sociais Irmã Dulce	
Position: Leader of the Clinical Research Center	Since: 1999

Address of Institution:

St. / Av., #, Complement – Neighbourhood – City	State	Country
Santo Antônio Hospital / Irmã Dulce Social Works Association / Avenida Dendezeiros do Bonfim, nº 161, Salvador. CEP: 40415-006	Bahia	Brazil

Graduation:

Course	Institution	Conclusion Date	Country
Medicine	federal university of Bahia	1985	Brazil

Registration Number / Medical License Number (if applicable):

Entity: CRM - Regional Council of Medicine	Register number: 9.431 – Ba / Brazil
--	--------------------------------------

Post-Graduation and/or Specialization:

Course	Institution	Conclusion Date	Country
Master in Public Health	Columbia University, New York	1993	EUA
PhD in Epidemiology	Columbia University, New York	1997	EUA
Post doctoral	McGill Montreal University	2012	Canada

Previous Appointments:

Institution	Position	Country	Start	Finish
Irmã Dulce Social Works Association	Leader of the Clinical Research Center.	Brazil	1999	Current
Gonçalo Moniz Research Center - FIOCRUZ.	Head of the Molecular Epidemiology and Biostatistics Laboratory.	Brazil	1998	Current

Research Experience (if applicable): Summary of experience in conducting research protocols from 1998 to the present:

Area	Role	Number of studies
Vaccine	Principal Investigator	29
Infectious diseases	Principal Investigator	9
Other	Principal Investigator	20
Total		58

Course and Training (including GCP, Language Skills etc.):

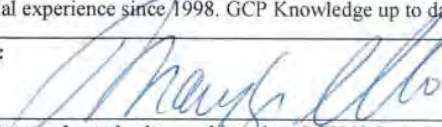
Course / Training	Conclusion Date
GCP Investigator Site Personnel Training identified by TransCelerate BioPharma.	2020

Signature:	Date: 30 Jul 2020
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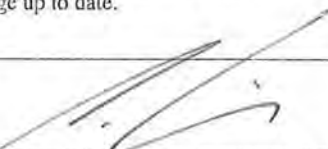
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Addo	First Name Marylyn	Middle Name N/A
Professional Mailing Address:			
Street Address: Universitätsklinikum Hamburg-Eppendorf Bernhard Nocht Centre for Clinical Trials Bernhard Nocht Institut für Tropenmedizin Bernhard-Nocht-Str.74		Other Street Address:	
City: Hamburg	State/Province: N/A	Country: Germany	Zip/Postal Code: 20246
Email Address:	m.addo@uke.de		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Approbation (medical license)	1998	University of Bonn, Germany	
Doctorate in Medicine/Microbiology	1999	University of Bonn, Germany/University of Lausanne, Switzerland	
Diploma in Tropical Medicine and Hygiene	1999	London School of Hygiene and Tropical Medicine, UK	
Master of science degree in Applied Molecular Biology of Infectious Diseases	1999	London School of Hygiene and Tropical Medicine, UK	
Postdoctoral Research	2002	Massachusetts General Hospital, Boston, MA, USA	
Medical License Number	State/Province	Country	
N/A	N/A	N/A	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2018	Head, Division of Infectious Diseases	Universitaetsklinikum Hamburg-Eppendorf I. Medizinische Klinik und Poliklinik, Sektion infektiologie Martinstraße 52, Gebaeude Ost 10 20246 Hamburg	Germany
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2014-2018	Head, Division of Tropical Medicine and Infectious Diseases	Universitaetsklinikum Hamburg-Eppendorf I. Medizinische Klinik und Poliklinik	Germany
2013-present	Attending Physician Internal Medicine, Infectious Diseases	Universitaetsklinikum Hamburg-Eppendorf I. Medizinische Klinik und Poliklinik	Germany
2013-present	Honorary Professor College of Health Sciences	Nelson Mandela Medical School University of KwaZulu-Natal, Durban	South Africa
2010-2013	Consultant in Medicine	Massachusetts General Hospital, Boston, MA	USA
2010-2013	Assistant Professor in Medicine and Principal Investigator	Ragon Institute of MGH, MIT and Harvard Medical School, Boston, MA	USA
2007-2010	Instructor in Medicine	Ragon Institute of MGH, MIT and Harvard Medical School, Boston, MA	USA
2003-2006	Instructor in Medicine	AIDS Research Center / Infectious Diseases Harvard Medical School, Boston, MA	USA
Brief Summary of Relevant Clinical Research Experience:			
Clinical trial experience since 1998. GCP Knowledge up to date.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 10 Nov 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Eich	First Name Andreas	Middle Name N/A
Professional Mailing Address:			
Street Address: IKF Pneumologie GmbH & Co KG Institut für klinische Forschung Schaumainkai 101-103		Other Street Address: N/A	
City: Frankfurt am Main	State/Province: N/A	Country: Germany	Zip/Postal Code: 60596
Email Address:	eich@ikf-pneumologie.de		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Specification Pulmonary Medicine	2007	Johannes-Gutenberg-University Mainz, Germany	
Specification Intensive Care Medicine	2005	Johannes-Gutenberg-University Mainz, Germany	
Specification Allergology	2003	Johannes-Gutenberg-University Mainz, Germany	
Specification Internal Medicine	2002	Johannes-Gutenberg-University Mainz, Germany	
Approbation	1995	Johannes-Gutenberg-University Mainz, Germany	
Medical License Number:	State/Province	Country	
N/A	N/A	N/A	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2009	Medical Lead	IKF Pneumologie GmbH & Co KG, Institut für klinische Forschung	Germany
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2005-2008	Resident physician	Department of internal medicine, pulmonary diseases, University Hospital Mainz	Germany
2000-2004	Physician	Intensive care, Department of internal medicine, University Hospital Mainz	Germany
1997-2000	Physician	Klinikum Berchtesgadener Land	Germany
1994-1997	Resident physician	Hochgebirgsklinik, Davos-Wolfgang	Switzerland
Brief Summary of Relevant Clinical Research Experience:			
>80 clinical studies as Investigator or Sub-Investigator phase I-IV (Asthma bronchiale, COPD, Lung cancer, Sepsis, IPF, Bronchiectasis). GCP knowledge up to date.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 06-Jul-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status, which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Page 1 of 1

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Version 2.0, 16-Mar-2020



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Schaefer	Axel	N/A
Professional Mailing Address:			
Street Address: Medizentrum Essen Borbeck Huelsmannstrasse 6		Other Street Address: N/A	
City: Essen	State/Province: N/A	Country: Germany	Zip/Postal Code: 45355
Email Address:		axel.schaefer@mzeb.de	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Approbation (medical license)	1996	University Giessen, Germany	
Specialist of internal medicine	2000	Aerztekammer Westfalen, Germany	
Specialist of sports medicine	2001	Aerztekammer Westfalen, Germany	
Chirotherapy	2002	Aerztekammer Westfalen, Germany	
Acupuncture	2006	Aerztekammer Nordrhein, Germany	
Medical License Number	State/Province	Country	
N/A	N/A	N/A	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2001	Specialist of internal medicine	Medizentrum Essen Borbeck Huelsmannstrasse 6, 45355 Essen	Germany
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1996-2001	Resident	Ward of internal medicine, St. Anne Hospital Herne	Germany
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
Brief Summary of Relevant Clinical Research Experience:			
Clinical trial experience since 2003 as Investigator in about 150 phase II, III or phase IV trials. Main indications are internal medicine, sports medicine and vaccinations. GCP knowledge up to date.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		18 Aug 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Luttermann	Matthias	N/A
Professional Mailing Address:			
Street Address: Studienzentrum Brinkum Dr. Lars Pohlmeier und Torsten Drescher Melcherstaette 7		Other Street Address: /	
City: Stuhr	State/Province: N/A	Country: Germany	Zip/Postal Code: 28816
Email Address:		m.luttermann@gmx.de	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Approbation (medical license)	1980	University Hamburg, Germany	
Doctorate	1980	University Hamburg, Germany	
Expertise in emergency services	1983	Aerztekammer Schleswig-Holstein, Germany	
Specialist of internal medicine	1988	Aerztekammer Schleswig-Holstein, Germany	
Expertise in x-ray / radiology	1988	Aerztekammer Schleswig-Holstein, Germany	
Medical License Number	State/Province	Country	
N/A	N/A	N/A	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2020	Consultant	Studienzentrum Brinkum Dr. Lars Pohlmeier und Torsten Drescher Melcherstaette 7, 28816 Stuhr	Germany
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008- present	Managing director and Principal Investigator	MALU-Medizinische Studien GmbH, Anselweg 15, 26203 Wardenburg	Germany
1998-2018	Resident internal specialist	Private practice, Anselweg 15, 26203 Wardenburg	Germany
1994-1998	Deputy Chief Physician	Pius Hospital Oldenburg, Akad. Lehr-KH Uni Göttingen	Germany
1988-1994	Senior physician	Kreiskrankenhaus Kaltenkirchen	Germany
1987-1987	Ward doctor	Israaelitisches Krankenhaus Hamburg	Germany
1981-1987	Ward doctor	Krankenhaus Pinneberg	Germany
1980-1981	Conscript surgeon major	Bundeswehr	Germany
Brief Summary of Relevant Clinical Research Experience:			
Clinical trial experience since 1998 as Investigator in phase III / phase IV trials. GCP Knowledge up to date.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 05-March-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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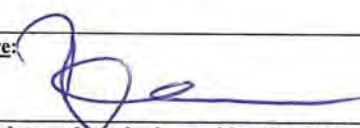
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Schultz	Armin	N/A
Professional Mailing Address:			
Street Address: CRS Clinical Research Services Mannheim GmbH Grenadierstr. 1		Other Street Address: N/A	
City: Mannheim	State/Province: N/A	Country: Germany	Zip/Postal Code: 68167
Email Address: armin.schultz@crs-group.de			
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Approbation (medical license)	2001	University of Heidelberg, Germany	
Doctorate (MD)	2007	University of Heidelberg, Germany	
Medical License Number	State/Province	Country	
N/A	N/A	N/A	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2015	Medical Director	CRS Clinical Research Services Mannheim GmbH	Germany
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008 to 2015	Deputy Medical Director	CRS Clinical Research Services Mannheim GmbH	Germany
Since 2007	Physician, Department Clinical Studies	CRS Clinical Research Services Mannheim GmbH	Germany
2004-2005	Provisional Director	Institute of Clinical Pharmacology, Medical Faculty Mannheim, University of Heidelberg	Germany
2003-2007	Senior Physician	Institute of Clinical Pharmacology, Faculty for Clinical Medicine Mannheim of the University of Heidelberg	Germany
Brief Summary of Relevant Clinical Research Experience:			
Clinical trial experience since 2001 as Investigator mainly in phase I and II trials. GCP Knowledge up to date			
Signature:		Signature Date: (dd-Mmm-yyyy) 20 Aug 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Baumann	Sybille	N/A
Professional Mailing Address:			
Street Address: CRS Clinical Research Services Berlin GmbH Sellerstr. 31		Other Street Address: N/A	
City: Berlin	State/Province: N/A	Country: Germany	Zip/Postal Code: 13353
Email Address:	sybille.baumann@crs-group.de		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Approbation (medical license)	1987	University of Heidelberg, Germany	
Doctorate	1987	Institute for Anesthesia and Resuscitation Clinic Mannheim, Germany	
Medical License Number	State/Province	Country	
N/A	N/A	N/A	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2016	Medical Director	CRS Clinical Research Services Berlin GmbH, Berlin; Clinical Pharmacology Unit	Germany
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008 - 2015	Deputy Medical Director	CRS Clinical Research Services Berlin GmbH, Berlin; Clinical Pharmacology Unit	Germany
2007 - 2008	Clinical Investigator	CRS Clinical Research Services Mannheim GmbH, Mannheim	Germany
02/2007 – 03/2007	Clinical Investigator Phase I	Abott GmbH, Ludwigshafen	Germany
2004 - 2007	Head Clinical Investigator	Institute for clinical pharmacology Bobenheim	Germany
Brief Summary of Relevant Clinical Research Experience:			
Clinical trial experience since 2004 as Principal Investigator mainly in phase I and II trials. GCP knowledge up to date.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 27 Aug 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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**CLINICAL AND MEDICAL CONTROLLED DOCUMENT (CMCD)
SUPPORTING DOCUMENT**

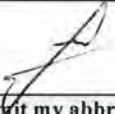
Identifier	Version	Title	Effective Date
INV02-INV04-WI-GL02-SD01	2.0	ABBREVIATED CURRICULUM VITAE TEMPLATE	16-Mar-2020

Full Name:	Last Name	First Name	Middle Name
	Mitha	Essack	Aziz
Professional Mailing Address:			
Street Address: Newtown Clinical Research Center,		Other Street Address: Suite 3, Newgate Centre, 104 Jeppe Street, Newtown	
City: Johannesburg	State/Province: Gauteng	Country: South Africa	Zip/Postal Code: 2113
Email Address:	emitha@newtowncrc.co.za		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Understanding Clinical Trials: Behind Statistics	2016	University of Cape Town, South Africa	
MBBch	2001	University of Witwatersrand, South Africa	
ACLS	2001	University of Witwatersrand, South Africa	
BLS	2001	University of Witwatersrand, South Africa	
Diploma Obstetrics	2000	CMSA, South Africa	
MBChB	1998	University of Natal, South Africa	
Medical License Number	State/Province	Country	
MP0497762	Gauteng	South Africa	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2001 - Current	Principal Investigator/Dispenser	Newtown Clinical Research Centre	Gauteng, South Africa
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2005 – 2007	Attending Doctor	Alexander Facility Clinic	South Africa
Jan 2002 - Dec 2002	Medical Officer	Non Profit Medical Center	South Africa
Jan 2000 -Dec 2002	Director	Kalafong Hospital	South Africa
Brief Summary of Relevant Clinical Research Experience:			
Investigator participated in clinical trials as Principal Investigator from 2004 – Current			
Therapeutic Areas:			
Infectious Disease			
Diabetes Musculo-skeletal Disease			
Hypertension			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Signature: 	Signature Date: (dd-Mmm-yyyy) 28 Jul 2020
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.	
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.	

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**CLINICAL AND MEDICAL CONTROLLED DOCUMENT (CMCD)
SUPPORTING DOCUMENT**

Identifier	Version	Title	Effective Date
INV02-INV04-WI-GL02-SD01	2.0	ABBREVIATED CURRICULUM VITAE	
TEMPLATE	16-Mar-2020		

Instructional text is denoted in GREEN. DELETE green text upon completion of this template. This template is a sample and can be used to create the abbreviated curriculum vitae (CV). If this template is not used, please note the underlined SECTION headings represent the required components that must be included in the abbreviated CV.

Must be typed and all sections must be completed.

Full Name:	Last Name Fouché	First Name Leon	Middle Name <i>if applicable</i> Frederik
Professional Mailing Address: <i>Principal investigator information should be consistent with box 1 of the Statement of Investigator Form Food and Drug Administration (FDA) 1572 or Investigator International Council for Harmonisation (ICH) Good Clinical Practices (GCP) Attestation Form</i>			
Street Address: Limpopo Clinical Research Initiative, Tamboti Medical Centre		Other Street Address: 11 Van der Bijl Street	
City: Thabazimbi	State/Province: Limpopo	Country: South Africa	Zip/Postal Code: 0380
Email Address:	leon.fouche@iafrica.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country <i>Where Obtained</i>	
B.Med.Sc.	1986	University of the Free State, Bloemfontein, South Africa	
Hons.B.Med.Sc.	1987	University of the Free State, Bloemfontein, South Africa	
M.B.Ch.B.	1992	University of the Free State, Bloemfontein, South Africa	
Medical License Number State/Province Country			
<i>All MD/DO/equivalents must provide a medical license number, and the state/province and country where the license was obtained. For countries that do not disclose or provide license numbers enter "Not applicable". Note: If the MD or DO is in Residency and not yet licensed, indicate Residency or degree on the CV</i>			
Health Professions' Council of South Africa (HPCSA) MP0397377	N/A	Republic of South Africa	
Medical Council of Ireland Registration No. 262451	N/A	Republic of Ireland	
Current Position at Study Site: <i>current affiliation as noted in box 3 of the Form FDA 1572 or ICH GCP Attestation</i>			
Start Date	Title	Institution or Company	State/Province & Country
2009	Principal Investigator	Limpopo Clinical Research Initiative	Limpopo, South Africa

TMF Doc ID

270.01, 272.01

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Previous Relevant Positions Including Academic Appointments: <i>provide previous 4 relevant positions if applicable</i>			
Start and End Dates	Title	Institution or Company	Country
1999 - 2009	Independent Medical Practitioner	Dr L F Fouché	South Africa
1994 - 1999	Head Consultant	Medicross Healthcare Group	South Africa
1993 - 1994	Consultant	Medicross Healthcare Group	South Africa
1992 - 1993	Intern	Bloemfontein Academic Hospitals	South Africa

Brief Summary of Relevant Clinical Research Experience: *Enter "None" if no previous clinical research experience*

Principal Investigator during the past 20 years in more than 80 phase 2 to 4 clinical research studies of multiple therapeutic and disease areas with various consequent publications.

Signature: 	Signature Date: (dd-Mmm-yyyy) 24 Jul. 2020
--	--

I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.

NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.

Investigator maintains the original, signed copy of his/her abbreviated CV in the investigator site file. A copy must be forwarded with the other investigator initiation package documents.

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**CLINICAL AND MEDICAL CONTROLLED DOCUMENT (CMCD)
SUPPORTING DOCUMENT**

Identifier	Version	Title	Effective Date
INV02-INV04-WI-GL02-SD01	2.0	ABBREVIATED CURRICULUM VITAE TEMPLATE	16-Mar-2020


Full Name:	Last Name	First Name	Middle Name
	Musungaie	Dany	Badibanga
Professional Mailing Address:			
Street Address: Medicross Pretoria West 1st floor, 551 WF Nkomo street,		Other Street Address: N/A	
City: Pretoria	State/Province: Gauteng	Country: South Africa	Zip/Postal Code: 0183
Email Address:	dbmusungaie@outlook.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Diploma of Bsc Biomedical	1993	University of Kinshasa, DRC, Congo	
Diploma of Doctor of Medicine	1998	University of Kinshasa, DRC, Congo	
Medical License Number	State/Province	Country	
MP: 0563803	Gauteng	South Africa	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
Nov 2012	Principal Investigator	Jongaie Research	Gauteng, South Africa
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
Jan 1998-Dec2002	General Practitioner	Gracia Medical Clinic	Congo
Jan 2003- Jul 2010	Senior Medical Officer	George Mukhare Hospital	South Africa
Jan 2006- Nov2009	General practitioner	Emergency units Carstenhof and Mediclinic	South Africa
Dec 2009 and current	General Practitioner and travel clinic with immunization	Medicross Pretoria West	South Africa
Brief Summary of Relevant Clinical Research Experience:			
Since 2009 involved in clinical trials with responsibilities of Principal Investigator, Sub-Investigator and Dispenser.			
Signature:			Signature Date: (dd-Mmm-yyyy)
			24 Jul 2020
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<i>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</i>			

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270.01, 272.01

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Page 1 of 1

INV02-INV04-WI-GL02-SD01
Version 2.0, 16-Mar-2020

 CLINICAL AND MEDICAL CONTROLLED DOCUMENT (CMCD) SUPPORTING DOCUMENT			
Identifier	Version	Title	Effective Date
INV02-INV04-WI-GL02-SD01	2.0	ABBREVIATED CURRICULUM VITAE TEMPLATE	16-Mar-2020

Full Name:	Last Name	First Name	Middle Name
	Nell	Haylene	N/A
Professional Mailing Address:			
Street Address: Tiervlei Trial Centre, Basement Level, Karl Bremer Hospital		Other Street Address: c/o Mike Pienaar Boulevard & Frans Conradie Avenue	
City: Bellville, Cape Town	State/Province: Western Cape	Country: South Africa	Zip/Postal Code: 7530
Email Address:		haylenenell@ttctrials.co.za	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Hons. BSc (Clinical Pharmacology) Cum Laude	1997	University of Stellenbosch, South Africa	
Hons. BSc (Epidemiology & Biostatistics) Cum Laude	1991	University of Stellenbosch, South Africa	
MBChB	1982	University of Stellenbosch, South Africa	
Medical License Number	State/Province	Country	
MP0261459	N/A	South Africa	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2005	Executive Head / Investigator	Tiervlei Trial Centre	Cape Town, Western Cape, South Africa
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2013 – Current	Vice President	FUNDISA Academy	South Africa
2011 – Current	Honorary Lecturer	University of Stellenbosch	South Africa
2010 – Current	Co-Presenter (Pharmacology)	University of Stellenbosch	South Africa
2006 - 2010	Medical Advisor	Cape Town Data	South Africa
Brief Summary of Relevant Clinical Research Experience:			
Dr Nell has been PI on a FIM Vaccine study as well as PI on multiple other vaccine trials. She has >30yrs clinical trial experience as both PI & Sub-I and has been PI on multiple Biologics studies as well.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 30 Jul 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	UNAL	Serhat	-
Professional Mailing Address:			
Street Address: Hacettepe Universitesi Tip Fakultesi,		Other Street Address: Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Sıhhiye	
City: Ankara	State/Province: N/A	Country: Turkey	Zip/Postal Code: 06230
Email Address:	sunal@hacettepe.edu.tr		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	1995	Hacettepe University Faculty of Medicine, Ankara, Turkey	
Infection Diseases Spec. Dr.	1992	Harvard Medical School, New England Deaconess Hospital, Boston, USA	
Assoc. Prof. Dr.	1989	Hacettepe University Faculty of Medicine, Ankara, Turkey	
Internal Medicine Spec. Dr.	1985	Hacettepe University Faculty of Medicine, Ankara, Turkey	
Medical Doctor	1981	Hacettepe University Faculty of Medicine, Ankara, Turkey	
Medical License Number	State/Province	Country	
Diploma No: 81AA076 Diploma Registration No: 31774	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1995	Prof. Dr.	Hacettepe University Faculty of Medicine, Department of Infection Diseases and Clinical Microbiology, Ankara	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1992 - 1995	Assoc. Prof. Dr.	Hacettepe University Faculty of Medicine, Ankara	Turkey
1989 - 1992	Fellow- (Infection Diseases Residency)	Harvard Medical School, New England Deaconess Hospital, Boston	USA
1989 - 1989	Assoc. Prof. Dr.	Hacettepe University Faculty of Medicine, Ankara	Turkey
1985 - 1989	Internal Medicine Spec. Dr.	Hacettepe University Faculty of Medicine, Ankara	Turkey
1981 - 1985	Medical Doctor (Internal Medicine Residency)	Hacettepe University Faculty of Medicine, Ankara	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2019			
-Participating 20 clinical trial as PI, the ongoing studies listed below: -2017, Pseudomonas Aeruginosa, (EVADE), Phase II -2018, Influenza A, (CR108399), Phase III -2018, Influenza A, (CR108400), Phase III -2019, Severe Influenza, (CP40617) Phase III -2019, Acinetobacter Baumannii-calcoaceticus Complex (ATTACK), Phase III -2019, Influenza, (CP40617) Phase III			
Signature:	<i>Serhat Unal</i> Serhat Unal		Signature Date: (dd-Mmm-yyyy)
	24 Aug 2020 09:01:036+0000		
	REASON: I approve this document		
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Audit Trail Report

Document Name C4591001_INV02-INV04-WI-GL02-SD01 2 0 Abb CV Temp_SerhatUNAL.pdf
Document ID 34af45ae-a8bb-49c1-8c6d-145f5e68bfad

Time Stamp	User	Action	Details
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24 Aug 2020 12:01 022+0300	Serhat Unal UUID : 1ead0a44-c2d3-4ca0-a599-71a41dd0e2f8 Email : sunal@hacettepe.edu.tr	DocumentViewed	Document viewed by signer.
24 Aug 2020 12:01 036+0300	Serhat Unal UUID : 1ead0a44-c2d3-4ca0-a599-71a41dd0e2f8 Email : sunal@hacettepe.edu.tr	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document
24 Aug 2020 12:02 039+0300	Didem Erten UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.erten@iconplc.com	Completed	The ePak is completed successfully.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



Validation Report

1 ✓

Subject CN: MSB
Subject DN: EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email: operations@msbdocs.com
Serial #: 103155442024134641897105422308128156249
Issuer DN: CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time: 24 Aug 2020 12:01:036+0300

- ✓ The Certificate chain was successfully built to a Trusted Root Certificate.
- ✓ The Signer's identity is valid.
- ✓ The Document has not been modified since the signature was applied.

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FDA-CBER-2021-5683-0000112



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	BALIK	Ismail	-
Professional Mailing Address:			
Street Address: Ankara Universitesi Tip Fakultesi, Ibni Sina Hastanesi,		Other Street Address: Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Sıhhiye	
City: Ankara	State/Province: N/A	Country: Turkey	Zip/Postal Code: 06230
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	1996	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara, Turkey	
Assoc. Prof. Dr.	1991	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara, Turkey	
Assist. Prof. Dr.	1990	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara, Turkey	
Infection Diseases Spec. Dr.	1989	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara, Turkey	
Medical Doctor	1983	Uludag University Faculty of Medicine, Bursa, Turkey	
Medical License Number	State/Province	Country	
42354	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1996	Prof. Dr.	Ankara University Faculty of Medicine, Ibni Sina Hospital, Department of Infection Diseases and Clinical Microbiology, Ankara	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1998 - 1998	Researcher (also still Prof. Dr. at Ankara Uni. Fac. of Medicine)	Rockefeller Research Center, Newyork	USA
1991 - 1996	Assoc. Prof. Dr.	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara	Turkey
1990 - 1991	Assist. Prof. Dr.	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara	Turkey
1989 - 1990	Infection Diseases Spec. Dr	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara	Turkey
1989 -1989	Researcher	Milano University Faculty of Meicine, Milano	Italy
1985 - 1989	Medical Doctor (Infection Diseases Residency)	Ankara University Faculty of Medicine, Ibni Sina Hospital, Ankara	Turkey
1983 - 1985	Medical Doctor	Afyon 3 rd Health Center, Afyon	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2019			
Experienced in Clinical trials with different indications as PI (Meningitis Vaccine, Hepatitis study, Infectious Disease, ... etc) examples from the studies : -Ventilator-Associated Pneumonia – (CLASS)- prospective study - Methicillin-Resistant Staphylococcus Aureus Hospital-Acquired Pneumonia – Phase III			
Signature: Ismail Balik REASON: I approve this document		15 Aug 2020 10:28:019+0000 Signature Date: (dd-Mmm-yyyy)	
I will update and re-assess my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Validation Report

1 ✓

Subject CN: MSB
Subject DN: EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email: operations@msbdocs.com
Serial #: 103155442024134641897105422308128156249
Issuer DN: CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time: 15 Aug 2020 13:28:019+0300

- ✓ The Certificate chain was successfully built to a Trusted Root Certificate.
- ✓ The Signer's identity is valid.
- ✓ The Document has not been modified since the signature was applied.

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Audit Trail Report

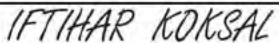
Document Name: C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_IsmailBALIK.pdf
Document ID: 88d082ef-04fb-4daa-889a-57378f0b49c8

Time Stamp	User	Action	Details
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14 Aug 2020 18:12:010+0300	Ismail Balik UUID : 4425923b-dd5d-4278-b04b-2058902a065b Email : (b) (6)	RequestSent	Sign request sent to ePak recipient.
15 Aug 2020 13:27:051+0300	Ismail Balik UUID : 4425923b-dd5d-4278-b04b-2058902a065b Email : (b) (6)	DocumentViewed	Document viewed by signer.
15 Aug 2020 13:28:019+0300	Ismail Balik UUID : 4425923b-dd5d-4278-b04b-2058902a065b Email : (b) (6)	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document
15 Aug 2020 13:28:058+0300	Didem Erten UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.erten@iconplc.com	Completed	The ePak is completed successfully.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	KOKSAL	İftihar	-
Professional Mailing Address:			
Street Address: Acibadem Atakent Hastanesi,		Other Street Address: Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Birimi, Kucukcekmece	
City: Istanbul	State/Province: N/A	Country: Turkey	Zip/Postal Code: 34303
Email Address:	iftihar.koks@acibadem.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	1998	Karadeniz Technical University Faculty of Medicine, Trabzon, Turkey	
Assoc. Prof. Dr.	1992	Karadeniz Technical University Faculty of Medicine, Trabzon, Turkey	
Assist. Prof. Dr.	1989	Karadeniz Technical University Faculty of Medicine, Trabzon, Turkey	
Infection Diseases Spec. Dr.	1987	Hacettepe University Faculty of Medicine, Ankara, Turkey	
Medical Doctor	1981	Diyarbakir University Faculty of Medicine, Diyarbakir, Turkey	
Medical License Number	State/Province	Country	
25320 - 32020	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2020	Prof. Dr.	Acibadem Atakent Hospital, Department of Infection Diseases and Clinical Microbiology, Istanbul	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1998 - 2020	Prof. Dr.	Karadeniz Technical University Faculty of Medicine, Trabzon	Turkey
1992 - 1998	Assoc. Prof. Dr.	Karadeniz Technical University Faculty of Medicine, Trabzon	Turkey
1989 - 1992	Assist. Prof. Dr.	Karadeniz Technical University Faculty of Medicine, Trabzon	Turkey
1987 - 1988	Infection Diseases Spec. Dr.	Karadeniz Technical University Faculty of Medicine, Trabzon	Turkey
1982 - 1987	Medical Doctor (Infection Diseases Residency)	Hacettepe University Faculty of Medicine, Ankara	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2019			
-Participating about 30 clinical trial as PI, the latest studies listed below:			
-2018, Severe Infections Caused by Carbapenem-resistant Gram-negative Pathogens (1424R2131), Phase III			
-2018, Influenza A, (CR108399), Phase III			
-2018, Influenza A, (CR108400), Phase III			
-2019, Respiratory Syncytial Virus Infection (53718678RSV2002), Phase II (participating as Sub-I)			
-2019, Chronic Hepatitis B (REEF-1), Phase IIIb			
-2019, Ventilator-Associated Pneumonia (VAP) Caused by S. Aureus (AR-301-002), Phase III			
Signature:	 İFTIHAR KOKSAL 19 Aug 2020 06:32:036+0000 REASON: approve this document <small>702bd490-d974-4774-9b0-0a5ec7e98e36</small>		Signature Date: (dd-Mmm-yyyy)
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Audit Trail Report

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Document ID: bd55d2a5-c8db-46de-a091-5a022ec7bd02

Time Stamp	User	Action	Details
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14 Aug 2020 16:00:029+0300	IFTIHAR KOKSAL UUID : 702bdd90-d974-4774-9b0f-0a5ee7c98e36 Email : (b) (6)	RequestSent	Sign request sent to ePak recipient.
19 Aug 2020 09:30:052+0300	IFTIHAR KOKSAL UUID : 702bdd90-d974-4774-9b0f-0a5ee7c98e36 Email : (b) (6)	DocumentViewed	Document viewed by signer.
19 Aug 2020 09:32:036+0300	IFTIHAR KOKSAL UUID : 702bdd90-d974-4774-9b0f-0a5ee7c98e36 Email : (b) (6)	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document
19 Aug 2020 09:35:015+0300	Didem Ertlen UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.ertlen@iconplc.com	Completed	The ePak is completed successfully.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



Validation Report

1 ✓

Subject CN: MSB
Subject DN: EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email: operations@msbdocs.com
Serial #: 103155442024134641897105422308128156249
Issuer DN: CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time: 19 Aug 2020 09:32:036+0300

- ✓ The Certificate chain was successfully built to a Trusted Root Certificate.
- ✓ The Signer's identity is valid.
- ✓ The Document has not been modified since the signature was applied.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

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FDA-CBER-2021-5683-0000118



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	ALTIN	Sedat	-
Professional Mailing Address:			
Street Address: Istanbul Yedikule Gogus Hastaliklari ve Gogus Cerrahisi		Other Street Address: Egitim Arastirma Hastanesi, Gogus Hastaliklari Birimi, Zeytinburnu	
City: Istanbul	State/Province: N/A	Country: Turkey	Zip/Postal Code: 34020
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	2011	Erzincan University Faculty of Medicine, Erzincan, Turkey	
Business Management Graduate	2006	Anadolu University Faculty of Business Administration (Distance Education), Eskisehir, Turkey	
Assoc. Prof. Dr.	1996	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul, Turkey	
Chest Disease Spec. Dr.	1992	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul, Turkey	
Medical Doctor	1987	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Medical License Number	State/Province	Country	
5241	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2012	Prof. Dr.	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Chest Diseases Division, Istanbul	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2011 - 2012	Prof. Dr.	Erzincan University Faculty of Medicine, Erzincan, Turkey	Turkey
1996 - 2011	Assoc. Prof. Dr.	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul	Turkey
1992 - 1996	Chest Disease Spec. Dr.	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul	Turkey
1991 - 1992	Medical Doctor (Chest Disease Residency)	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul	Turkey
1987 - 1991	Medical Doctor	Istanbul Yedikule Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2019			
Previous experience in clinical trials in COPD (both Phase IV and III) as PI; a few example from latest studies:			
2018 - Acute Exacerbation of Chronic Bronchitis (AECB) and Community-acquired Pneumonia (CAP), Phase IV			
2019- Tuberculosis, retrospective study			
Signature:	<i>Sedat Altin</i> Sedat Altin 12 Aug 2020 16:32:027+0000		Signature Date: (dd-Mmm-yyyy)
REASON: I approve this document a7dc06b0-4b23-4bec-b5a5-0c4180a2b5c9			
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

Audit Trail Report

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12 Aug 2020 18:26:055+0300	Sedat Altin		RequestSent	Sign request sent to ePak recipient, User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6)
12 Aug 2020 19:26:018+0300	Sedat Altin	IB AoR_SedatALTIN.pdf	DocumentViewed	Document viewed by signer, User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 0f59904d-110b-4f97-8515-c5b3954823b8
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12 Aug 2020 19:31:007+0300	Sedat Altin	C4591001 - INV02-INV04-WI-GL02-RF06 2,0 PDPForm_Non-US Sites_SedatAltin.pdf	Signed	The recipient signed the document with no comments, Comments: None Reason: I approve this document User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 04310b01-2755-49fa-bc05-1dc58c853aeb
12 Aug 2020 19:31:013+0300	Sedat Altin	C4591001_INV02-INV04-WI-GL02-RF08 3,0 Inv Protocol Accept F_Prot Am 5_SedatALTIN.pdf	DocumentViewed	Document viewed by signer, User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 9a1b5c2a-f848-443e-a319-2cf3bfc956a2
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12 Aug 2020 19:32:028+0300	Sedat Altin	C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_SedatALTIN.pdf	Signed	The recipient signed the document with no comments, Comments: None Reason: I approve this document User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 09193daa-32db-4d7f-ab7b-7fbedc7e46ad
12 Aug 2020 19:32:034+0300	Sedat Altin	C4591001_SQT_Financial-Disclosure_2019_Version-3,2_SedatAltin.pdf	DocumentViewed	Document viewed by signer, User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 4c42022e-df58-4562-a501-db8fb7e2207a
12 Aug 2020 19:35:023+0300	Sedat Altin	C4591001_SQT_Financial-Disclosure_2019_Version-3,2_SedatAltin.pdf	SignerTagFilled	The signer filled Custom Checkbox, Value: true User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 4c42022e-df58-4562-a501-db8fb7e2207a
12 Aug 2020 19:35:023+0300	Sedat Altin	C4591001_SQT_Financial-Disclosure_2019_Version-3,2_SedatAltin.pdf	SignerTagFilled	The signer filled Custom Checkbox, Value: true User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 4c42022e-df58-4562-a501-db8fb7e2207a
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12 Aug 2020 19:35:029+0300	Sedat Altin	C4591001_IP13-GSOP-RF01 4,0 IMPSA Form_01-Oct-2019_ProfDrSedatALTIN.pdf	DocumentViewed	Document viewed by signer, User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : c7334013-4733-4418-ae05-58dc56ef729b
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12 Aug 2020 19:36:023+0300	Sedat Altin	C4591001_INV02-INV04-WI-GL02-RF09 5,0 Inv ICHGCP Attes Form_SedatALTIN.pdf	DocumentViewed	Document viewed by signer, User UUID : a7dc06b0-4b23-4bec-b5e5-0c4180a2b5c9 User Email : (b) (6) Document UUID : 7854bc5f-421e-4a17-97fc-a573c739b02f
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090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

MSB

Validation Report as of: 21 Aug 2020 09:29:052+0300

1



Subject CN MSB
Subject DN EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email operations@msbdocs.com
Serial # 103155442024134641897105422308128156249
Issuer DN CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time 12 Aug 2020 19:32:027+0300

The Certificate chain was successfully built to a Trusted Root Certificate.

The Signer's identity is valid.

The Document has not been modified since the signature was applied.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

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FDA-CBER-2021-5683-0000121

12 Aug 2020 19 37:035+0300	Didem Erten		Completed	The ePak completed the workflow successfully custodian. User UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b User Email : didem.erten@iconplc.com
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090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	MERT	Ali	-
Professional Mailing Address:			
Street Address: Medipol Mega Universite Hastanesi,		Other Street Address: Ic Hastaliklari Anabilim Dali, Bageilar	
City: Istanbul	State/Province: N/A	Country: Turkey	Zip/Postal Code: 34214
Email Address:	alimert@medipol.edu.tr		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	2003	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Assoc. Prof. Dr.	1997	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Internal Medicine Spec. Dr.	1992	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Medical Doctor	1982	Trakya University Faculty of Medicine, Edirne, Turkey	
Medical License Number	State/Province	Country	
39984	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2012	Prof. Dr.	Medipol Mega University Hospital, Department of Internal Medicine, Istanbul	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2003 - 2012	Prof. Dr.	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1997 - 2003	Assoc. Prof. Dr.	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1992 - 1997	Internal Medicine Spec. Dr.	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1987 - 1992	Medical Doctor (Internal Medicine Residency)	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1982 - 1987	Medical Doctor	Eskipazar Health Center, Karabuk	Turkey
Brief Summary of Relevant Clinical Research Experience:			
2008 - HBV infection – observational study			
Signature:		Ali Mert	
Signature:		13 Aug 2020 12:15:007+0000	
REASON: I approve this document		Signature Date: (dd-Mmm-yyyy)	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

MSB

Validation Report as of: 21 Aug 2020 09:19:001+0300

1



Subject CN MSB
Subject DN EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email operations@msbdocs.com
Serial # 103155442024134641897105422308128156249
Issuer DN CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time 13 Aug 2020 15:15:007+0300

The Certificate chain was successfully built to a Trusted Root Certificate.

The Signer's identity is valid.

The Document has not been modified since the signature was applied.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

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FDA-CBER-2021-5683-0000124

Audit Trail Report

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13 Aug 2020 14 50:019+0300	Ali Mert		RequestSent	Sign request sent to ePak recipient. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr
13 Aug 2020 14 53:029+0300	Ali Mert	C4591001_IP13-GSOP-RF01 4.0 MPSA Form_AliMERT.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : b9bf3516-141e-4c13-892e-04d501f98e28
13 Aug 2020 14 56:043+0300	Ali Mert	C4591001 - INV02-INV04-WI-GL02-RF08 2.0 PDPForm_Non-US Sites_AliMERT.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : ed9cf172-dcbe-4236-ab90-e954c92c8601
13 Aug 2020 15 00:047+0300	Ali Mert	C4591001_INV02-INV04-WI-GL02-RF08 3.0 Inv Protocol Accept F_Prot Am 5_AliMERT.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : 754572c7-149d-4325-969f-ec581d944d12
13 Aug 2020 15:11:043+0300	Ali Mert	C4591001_IP13-GSOP-RF01 4.0 MPSA Form_AliMERT.pdf	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : b9bf3516-141e-4c13-892e-04d501f98e28
13 Aug 2020 15:12:038+0300	Ali Mert	C4591001 - INV02-INV04-WI-GL02-RF08 2.0 PDPForm_Non-US Sites_AliMERT.pdf	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : ed9cf172-dcbe-4236-ab90-e954c92c8601
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13 Aug 2020 15:13:056+0300	Ali Mert	C4591001_INV02-INV04-WI-GL02-RF09 5 0 Inv ICHGCP Attes Form_AliMERT.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : b6abeeeaa-9d9a-499f-a547-f766b533ff4d
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13 Aug 2020 15:14:032+0300	Ali Mert	C4591001_INV02-INV04-WI-GL02-SD01 2.0 Abb CV Temp_AliMERT.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : 3b5a46bd-dcba-4ed4-a9fa-5ef239f45b50
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13 Aug 2020 15:15:017+0300	Ali Mert	IB AoR_AliMERT.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : 75f6eb7f-cfd8-4250-9ef3-cda182f1cbce
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13 Aug 2020 15:15:055+0300	Ali Mert	C4591001_SQT_Financial-Disclosure_2019_Version-3 2_AliMert.pdf	DocumentViewed	Document viewed by signer. User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : f0b0ace6-e3a6-4dcd-98a4-eaf9ad853611
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13 Aug 2020 15:17:025+0300	Ali Mert	C4591001_SQT_Financial-Disclosure_2019_Version-3 2_AliMert.pdf	SignerTagFilled	The signer filled Custom Checkbox. Value: true User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : f0b0ace6-e3a6-4dcd-98a4-eaf9ad853611
13 Aug 2020 15:17:025+0300	Ali Mert	C4591001_SQT_Financial-Disclosure_2019_Version-3 2_AliMert.pdf	SignerTagFilled	The signer filled Custom Checkbox. Value: true User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : f0b0ace6-e3a6-4dcd-98a4-eaf9ad853611
13 Aug 2020 15:17:025+0300	Ali Mert	C4591001_SQT_Financial-Disclosure_2019_Version-3 2_AliMert.pdf	SignerTagFilled	The signer filled Custom Checkbox. Value: true User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : f0b0ace6-e3a6-4dcd-98a4-eaf9ad853611
13 Aug 2020 15:17:025+0300	Ali Mert	C4591001_SQT_Financial-Disclosure_2019_Version-3 2_AliMert.pdf	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document User UU D : 95fb30b7-a4e1-4dac-925e-42cd84bad3ad User Email : alimert@medipol.edu.tr Document UU D : f0b0ace6-e3a6-4dcd-98a4-eaf9ad853611

090177e1968ea843Final On: 18-Mar-2021 14:01 (GMT)

13 Aug 2020 15:17:025+0300	Didem Erten		Completed	The ePak completed the workflow successfully custodian. User UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b User Email : didem.erten@iconplc.com
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090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	KARABAY	Oguz	-
Professional Mailing Address:			
Street Address: Sakarya Universitesi Egitim ve Arastirma Hastanesi,		Other Street Address: Enfeksiyon Hastaliklari ve Klinik Mikrobiyoloji Birimi, Adapazari	
City: Sakarya	State/Province: N/A	Country: Turkey	Zip/Postal Code: 54100
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	2011	Sakarya University Training and Research Hospital, Sakarya, Turkey	
Assoc. Prof. Dr.	2006	Bolu Abant Izzet Baysal University Faculty of Medicine, Bolu, Turkey	
Assist. Prof. Dr.	2003	Bolu Abant Izzet Baysal University Faculty of Medicine, Bolu, Turkey	
Infection Diseases Spec. Dr.	1997	Trakya University Faculty of Medicine, Edirne, Turkey	
Medical Doctor	1992	Trakya University Faculty of Medicine, Edirne, Turkey	
Medical License Number	State/Province	Country	
43627 - 66602	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2011	Prof. Dr.	Sakarya University Training and Research Hospital, Department of Infection Diseases and Clinical Microbiology, Sakarya	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008 - 2011	Assoc. Prof. Dr.	Sakarya University Training and Research Hospital, Sakarya	Turkey
2006 - 2008	Assoc. Prof. Dr.	Bolu Abant Izzet Baysal University Faculty of Medicine, Bolu	Turkey
2003 - 2006	Assist. Prof. Dr.	Bolu Abant Izzet Baysal University Faculty of Medicine, Bolu	Turkey
1998 - 2003	Infection Diseases Spec. Dr.	Duzce SSK Hospital, Duzce	Turkey
1993 - 1997	Medical Doctor (Infection Diseases Residency)	Trakya University Faculty of Medicine, Edirne	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2020			
Experienced in Infection Clinical trials both as PI and Sub-I. Some of the latest studies are below listed:			
2017- Chronic Hepatitis C – Prospective study			
2017- Hospital-Acquired Bacterial Pneumonia – Phase III			
2016- Influenza Vaccine – Phase III			
Signature:	Oguz Karabay <i>Oguz Karabay</i> REASON: I approve this document 9db34043-bf8e-4a5e-8af5-d270a706a64e		Signature Date: (dd-Mmm-yyyy) 19 Aug 2020 14:10:013+0000
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



Validation Report

1



Subject CN: MSB
Subject DN: EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email: operations@msbdocs.com
Serial #: 103155442024134641897105422308128156249
Issuer DN: CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time: 19 Aug 2020 17:10:013+0300

- The Certificate chain was successfully built to a Trusted Root Certificate.
- The Signer's identity is valid.
- The Document has not been modified since the signature was applied.

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FDA-CBER-2021-5683-0000128



Audit Trail Report

Document Name: C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_OmerFehmiTabak.pdf
Document ID: f11053a9-ac2d-4014-b807-6061689cbca5

Time Stamp	User	Action	Details
19 Aug 2020 10:04:024+0300	Didem Erten UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.erten@iconplc.com	Started	The custodian composed the ePak succesfully, Subject: [B AoR_OmerFehmiTABAK ePak UUID: e5f9873d-a760-46cc-90af-62b704b4f50c
19 Aug 2020 10:04:025+0300	Omer Fehmi Tabak UUID : bda09236-1b6b-4261-a13c-232f6bb4c5e8 Email : (b) (6)	RequestSent	Sign request sent to ePak recipient.
19 Aug 2020 10:21:037+0300	Omer Fehmi Tabak UUID : bda09236-1b6b-4261-a13c-232f6bb4c5e8 Email : (b) (6)	DocumentViewed	Document viewed by signer.
19 Aug 2020 10:21:056+0300	Omer Fehmi Tabak UUID : bda09236-1b6b-4261-a13c-232f6bb4c5e8 Email : (b) (6)	Signed	The recipient signed the document with no comments, Comments: None Reason: [approve this document
19 Aug 2020 10:23:021+0300	Didem Erten UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.erten@iconplc.com	Completed	The ePak is completed successfully.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	TABAK	Omer	Fehmi
Professional Mailing Address:			
Street Address: Istanbul Universitesi-Cerrahpasa, Cerrahpasa Tip Fakultesi.		Other Street Address: Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Fatih	
City: Istanbul	State/Province: N/A	Country: Turkey	Zip/Postal Code: 34098
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	2002	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Assoc. Prof. Dr.	1996	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Internal Medicine Spec. Dr.	1991	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Medical Doctor	1986	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey	
Medical License Number	State/Province	Country	
42116	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2018	Prof. Dr.	Istanbul University-Cerrahpasa, Cerrahpasa Faculty of Medicine, Department of Infection Diseases and Clinical Microbiology, Istanbul	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2002 - 2018	Prof. Dr.	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1996 - 2002	Assoc. Prof. Dr.	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1995 - 1995	Research Fellow	Tulane University School of Medicine, Infection Diseases section, New Orleans	USA
1991 - 1995	Internal Medicine Spec. Dr.	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
1987 - 1991	Medical Doctor (Internal Medicine Residency)	Istanbul University Cerrahpasa Faculty of Medicine, Istanbul	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2019			
-Experienced in clinical trials in infection diseases as both PI and Sub-I. Several Chronic Hepatitis B studies (both HBeAg-Negative and HBeAg-positive) (phase III and observational), Chronic HDV, Chronic Hepatitis C (observational)			
Omer Fehmi Tabak			
Signature:	<i>Omer Fehmi Tabak</i> 19 Aug 2020 07:21:055+0000		Signature Date: (dd-Mmm-yyyy)
	REASON: I approve this document		
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Validation Report

1



Subject CN: MSB
Subject DN: EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email: operations@msbdocs.com
Serial #: 103155442024134641897105422308128156249
Issuer DN: CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time: 19 Aug 2020 10:21:056+0300

- The Certificate chain was successfully built to a Trusted Root Certificate.
- The Signer's identity is valid.
- The Document has not been modified since the signature was applied.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

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FDA-CBER-2021-5683-0000131



Audit Trail Report

Document Name: C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_OmerFehmiTabak.pdf
Document ID: f11053a9-ac2d-4014-b807-6061689cbca5

Time Stamp	User	Action	Details
19 Aug 2020 10:04:024+0300	Didem Erten UUJD : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.erten@iconplc.com	Started	The custodian composed the ePak succesfully, Subject: [B AoR_OmerFehmiTABAK ePak UUJD: e5f9873d-a760-46cc-90af-62b704b4f50c
19 Aug 2020 10:04:025+0300	Omer Fehmi Tabak UUJD : bda09236-1b6b-4261-a13c-232f6bb4c5e8 Email : (b) (6)	RequestSent	Sign request sent to ePak recipient.
19 Aug 2020 10:21:037+0300	Omer Fehmi Tabak UUJD : bda09236-1b6b-4261-a13c-232f6bb4c5e8 Email : (b) (6)	DocumentViewed	Document viewed by signer.
19 Aug 2020 10:21:056+0300	Omer Fehmi Tabak UUJD : bda09236-1b6b-4261-a13c-232f6bb4c5e8 Email : (b) (6)	Signed	The recipient signed the document with no comments, Comments: None Reason: [approve this document
19 Aug 2020 10:23:021+0300	Didem Erten UUJD : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.erten@iconplc.com	Completed	The ePak is completed successfully.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	SIMSEK YAVUZ	Serap	-
Professional Mailing Address:			
Street Address: Istanbul Universitesi Istanbul Tip Fakultesi,		Other Street Address: Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Fatih	
City: Istanbul	State/Province: N/A	Country: Turkey	Zip/Postal Code: 34093
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	2015	Istanbul University Istanbul Faculty of Medicine, Istanbul, Turkey	
Assoc. Prof. Dr.	2006	Istanbul Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Training and Research Hospital, Istanbul, Turkey	
Infection Diseases Spec. Dr.	1997	Istanbul Haydarpaşa Numune Training and Research Hospital, Istanbul, Turkey	
Medical Doctor	1992	Istanbul University Istanbul Faculty of Medicine, Istanbul, Turkey	
Medical License Number	State/Province	Country	
65397	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2015	Prof. Dr.	Istanbul University Istanbul Faculty of Medicine, Department of Infection Diseases and Clinical Microbiology, Istanbul	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2013 - 2015	Assoc. Prof. Dr.	Istanbul University Istanbul Faculty of Medicine, Istanbul	Turkey
2006 - 2013	Assoc. Prof. Dr.	Istanbul Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Training and Research Hospital, Istanbul	Turkey
1998 - 2006	Infection Diseases Spec. Dr.	Istanbul Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Training and Research Hospital, Istanbul	Turkey
1993 - 1997	Medical Doctor (Infection Diseases Residency)	Istanbul Haydarpaşa Numune Training and Research Hospital, Istanbul	Turkey
Brief Summary of Relevant Clinical Research Experience:			
<p>-GCP Training 2020</p> <p>-Experienced in clinical research. Participating in previous infection diseases clinical trials as PI, currently ongoing studies:</p> <ul style="list-style-type: none"> - Covid-19 treatment trial - Antifungal trial 			
Serap Simsek Yavuz		Signature Date: (dd-Mmm-yyyy)	
Signature: <i>Serap Simsek Yavuz</i> 14 Aug 2020 10:36:005+0000 REASON: I approve this document b891e8d4-dc41-49a4-abcc-a51551d41339			
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Validation Report

1



Subject CN: MSB
Subject DN: EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email: operations@msbdocs.com
Serial #: 103155442024134641897105422308128156249
Issuer DN: CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time: 14 Aug 2020 13:36:005+0300

-  The Certificate chain was successfully built to a Trusted Root Certificate.
-  The Signer's identity is valid.
-  The Document has not been modified since the signature was applied.

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Audit Trail Report

Document Name: C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_SerapSIMSEKYAVUZ.pdf
Document ID: 80e78244-a6e6-4fe3-9406-4342e90188b4

Time Stamp	User	Action	Details
11 Aug 2020 16:57:004+0300	Didem Ertlen UUJD : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.ertlen@iconplc.com	Started	The custodian composed the ePak succesfully, Subject: [B AoR_SerapSIMSEKYAVUZ ePak UUJD: afac9e0c-30be-4881-babf-89b67ccad5e5
11 Aug 2020 16:57:005+0300	Serap Simsek Yavuz UUJD : b891e8d4-dc41-49a4-abcc-a51551d41339 Email : (b) (6)	RequestSent	Sign request sent to ePak recipient.
14 Aug 2020 13:35:023+0300	Serap Simsek Yavuz UUJD : b891e8d4-dc41-49a4-abcc-a51551d41339 Email : (b) (6)	DocumentViewed	Document viewed by signer.
14 Aug 2020 13:36:006+0300	Serap Simsek Yavuz UUJD : b891e8d4-dc41-49a4-abcc-a51551d41339 Email : (b) (6)	Signed	The recipient signed the document with no comments, Comments: None Reason: [approve this document
14 Aug 2020 13:36:007+0300	Didem Ertlen UUJD : 62201ce7-9f30-4ba7-84b2-bded2517df4b Email : didem.ertlen@iconplc.com	Completed	The ePak is completed successfully.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	AKHAN	Sıla	-
Professional Mailing Address:			
Street Address: Kocaeli Universitesi Tıp Fakültesi,		Other Street Address: Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı, Umuttepe	
City: Kocaeli	State/Province: N/A	Country: Turkey	Zip/Postal Code: 41380
Email Address:	sila.akhan@kocaeli.edu.tr		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Prof. Dr.	2009	Kocaeli University Faculty of Medicine, Kocaeli, Turkey	
Assoc. Prof. Dr.	2002	Kocaeli University Faculty of Medicine, Kocaeli, Turkey	
Assist. Prof. Dr.	1998	Kocaeli University Faculty of Medicine, Kocaeli, Turkey	
Infection Diseases Spec. Dr.	1997	Istanbul University Istanbul Faculty of Medicine, Istanbul, Turkey	
Microbiology Spec. Dr.	1992	Istanbul University Istanbul Faculty of Medicine, Istanbul, Turkey	
Medical Doctor	1989	Istanbul University Istanbul Faculty of Medicine, Istanbul, Turkey	
Medical License Number	State/Province	Country	
19885/23353	N/A	Turkey	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2009	Prof. Dr.	Kocaeli University Faculty of Medicine, Department of Infection Diseases and Clinical Microbiology, Kocaeli	Turkey
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2002 - 2009	Assoc. Prof. Dr.	Kocaeli University Faculty of Medicine, Kocaeli	Turkey
1998 - 2002	Assist. Prof. Dr.	Kocaeli University Faculty of Medicine, Kocaeli	Turkey
1997 - 1998	Infection Diseases Spec. Dr.	Istanbul University Istanbul Faculty of Medicine, Department of Clinic Bacteriology and Infection Diseases, Istanbul	Turkey
1992 - 1997	Microbiology Spec. Dr. (Infection Diseases Residency)	Istanbul University Istanbul Faculty of Medicine, Department of Clinic Bacteriology and Infection Diseases, Istanbul	Turkey
1989 - 1992	Medical Doctor (Microbiology Residency)	Istanbul University Istanbul Faculty of Medicine, Department of Microbiology and Clinic Microbiology, Istanbul	Turkey
Brief Summary of Relevant Clinical Research Experience:			
GCP Training 2018			
<ul style="list-style-type: none"> - 2018, Influenza A, (CR108399), Phase III - 2018, Influenza A, (CR108400), Phase III - 2014, Chronic Hepatitis C, Observational study 			
Chronic Hepatitis B, non-interventional study, Chronic Hepatitis C in Turkish Patients, non-interventional study			
SILA AKHAN			
Signature:	SILA AKHAN 13 Aug 2020 06:35:053+0000		Signature Date: (dd-Mmm-yyyy)
REASON: I approve this document			
<small>u3a628c93cc947c7aac8092e97956dd</small> I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

MSB

Validation Report as of: 21 Aug 2020 09:37:056+0300

1



Subject CN MSB
Subject DN EMAILADDRESS=operations@msbdocs.com,CN=MSB,OU=MSB,O=TAIGLE LLC,L=Irvine,ST=California,C=US
Email operations@msbdocs.com
Serial # 103155442024134641897105422308128156249
Issuer DN CN=Entrust Class 3 Client CA - SHA256,OU=(c) 2015 Entrust, Inc. - for authorized use only,OU=See www.entrust.net/legal-terms,O=Entrust, Inc.,C=US
Signing Time 13 Aug 2020 09:35:053+0300

The Certificate chain was successfully built to a Trusted Root Certificate.

The Signer's identity is valid.

The Document has not been modified since the signature was applied.

090177e1968ea843\Final\Final On: 18-Mar-2021 14:01 (GMT)

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FDA-CBER-2021-5683-0000137

Audit Trail Report

Date	User	Document	Action	Details
10 Aug 2020 15:51:019+0300	Didem Erten		Started	The custodian composed the ePak successfully, User UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b User Email : didem.erten@iconplc.com
10 Aug 2020 15:51:020+0300	Sila Akhan		RequestSent	Sign request sent to ePak recipient, User UUID : 690bc80d-0add-42c3-b4cb-357497274b59 User Email : sila.akhan@kocaeli.edu.tr
12 Aug 2020 08:59:020+0300	Didem Erten		StarredByOwner	EPak starred by an owner change, User UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b User Email : didem.erten@iconplc.com
12 Aug 2020 08:59:020+0300	Sila Akhan		Delegated	SILA AKHAN<didem.erten@iconplc.com> delegated the ePak to another Signer Sila AKHAN (b) (6) Previous Signer: Sila Akhan<sila.akhan@kocaeli.edu.tr> Message: User UUID : 690bc80d-0add-42c3-b4cb-357497274b59 User Email : sila.akhan@kocaeli.edu.tr
12 Aug 2020 09:59:040+0300	SILA AKHAN	IB AoR_SilaAKHAN.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 960ba53b-0960-4c8d-ad56-aa0744efe209
12 Aug 2020 10:00:013+0300	SILA AKHAN	C4591001 - INV02-INV04-WI-GL02-RF06 2,0 PDPForm_Non-US Sites_SilaAkhan.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 4143b021-7f37-4f94-a79d-7e27017b89f6
13 Aug 2020 09:29:007+0300	SILA AKHAN	C4591001_INV02-INV04-WI-GL02-RF08 3,0 Inv Protocol Accept F_Prot Am 5_SilaAKHAN.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : c:7f7b91b-164a-437c-9806-bafec10663ea
13 Aug 2020 09:31:011+0300	SILA AKHAN	C4591001_INV02-INV04-WI-GL02-RF09 5,0 Inv ICHGCP Aites Form_SilaAKHAN.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 5a132780-0835-4790-9965-0f4024b4f052
13 Aug 2020 09:32:028+0300	Sila Akhan		Delegated	SILA AKHAN<didem.erten@iconplc.com> delegated the ePak to another Signer SILA AKHAN (b) (6) Previous Signer: Sila Akhan<sila.akhan@kocaeli.edu.tr> Message: User UUID : 690bc80d-0add-42c3-b4cb-357497274b59 User Email : sila.akhan@kocaeli.edu.tr
13 Aug 2020 09:33:026+0300	SILA AKHAN	C4591001_INV02-INV04-WI-GL02-RF09 5,0 Inv ICHGCP Aites Form_SilaAKHAN.pdf	Signed	The recipient signed the document with no comments, Comments: None Reason: I approve this document User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 5a132780-0835-4790-9965-0f4024b4f052
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13 Aug 2020 09:35:027+0300	SILA AKHAN	C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_SilaAKHAN.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 66c3c2a8-913f-4140-8ca9-120b4f59b52f
13 Aug 2020 09:35:054+0300	SILA AKHAN	C4591001_INV02-INV04-WI-GL02-SD01 2,0 Abb CV Temp_SilaAKHAN.pdf	Signed	The recipient signed the document with no comments, Comments: None Reason: I approve this document User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 66c3c2a8-913f-4140-8ca9-120b4f59b52f
13 Aug 2020 09:36:001+0300	SILA AKHAN	C4591001_IP13-GSOP-RF01 4,0 IMPSA Form_SilaAKHAN.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : efeb1bc3-65a3-4879-b067-c380af9a0f8a
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13 Aug 2020 09:36:033+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3_2_SilaAkhan.pdf	DocumentViewed	Document viewed by signer, User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f
13 Aug 2020 09:37:014+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3_2_SilaAkhan.pdf	SignerTagFilled	The signer filled Custom Checkbox, Value: true User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f
13 Aug 2020 09:37:014+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3_2_SilaAkhan.pdf	SignerTagFilled	The signer filled Custom Checkbox, Value: true User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f

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13 Aug 2020 09:37:014+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3.2_SilaAkhani.pdf	SignerTagFilled	The signer filled Custom Checkbox. Value: true User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f
13 Aug 2020 09:37:014+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3.2_SilaAkhani.pdf	SignerTagFilled	The signer filled Custom Checkbox. Value: true User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f
13 Aug 2020 09:37:014+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3.2_SilaAkhani.pdf	SignerTagFilled	The signer filled Custom Checkbox. Value: true User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f
13 Aug 2020 09:37:014+0300	SILA AKHAN	C4591001_SQT_Financial-Disclosure_2019_Version-3.2_SilaAkhani.pdf	Signed	The recipient signed the document with no comments. Comments: None Reason: I approve this document User UUID : d3a628c9-3cc9-47c7-aaec-8099e97956dd User Email : (b) (6) Document UUID : 7833bb6b-deab-4a70-962d-6cabb8d57f
13 Aug 2020 09:37:014+0300	Didem Erten		Completed	The ePak completed the workflow successfully Signer. User UUID : 62201ce7-9f30-4ba7-84b2-bded2517df4b User Email : didem.erten@iconplc.com

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Mulligan	Mark	Joseph
Professional Mailing Address			
Street Address: 430 East 29th Street		Other Street Address: 3rd Floor, Room 304	
City: New York	State/Province: NY	Country: USA	Zip/Postal Code: 10016
Email Address:	mark.mulligan@nyulangone.org		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Fellow, Infectious Disease Fellowship, Medicine	06/1990	University of Alabama at Birmingham, USA	
Post-doctoral Fellow, Microbiology	06/1990	University of Alabama at Birmingham, USA	
Resident, Medicine	06/1987	University of Alabama at Birmingham, USA	
MD	06/1984	UT Southwestern Medical School, USA	
BS (with honors)	05/1980	University of Notre Dame, USA	
Medical License Number	State/Province	Country	
296158	New York	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
11/2018	MD, Principal Investigator	NYU Langone Health	New York, USA
10/2018 - Present	Director	NYU Langone Vaccine Center	New York, USA
10/2018 - Present	Thomas S. Murphy, Sr. Professor of Medicine and Professor of Microbiology Departments of Medicine and Microbiology	Division of Infectious Diseases and Immunology, Department of Medicine NYU School of Medicine	New York, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2006-2018	Director, Emory University Hope Clinic Distinguished Professor of Medicine	Emory University School of Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
30+ years of clinical research experience with many research papers published			
Signature:			Signature Date: (dd-Mmm-yyyy) 10/APR/2020
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Neuzil	Kathleen	Maletic
Professional Mailing Address			
Street Address: 685 W. Baltimore St.		Other Street Address: HSF I, Room 480	
City: Baltimore	State/Province: MD	Country: USA	Zip/Postal Code: 21201
Email Address:	kneuzil@som.umaryland.edu		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
M.P.H.	1998	Vanderbilt University School of Medicine, Nashville, TN	
M.D.	1987	Johns Hopkins University School of Medicine, Baltimore, MD	
B.S.	1983	Zoology, University of Maryland, College Park, MD	
Medical License Number	State/Province	Country	
D80514	Maryland	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2015	Director	University of Maryland, Center for Vaccine Development	MD, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2011-2015	Clinical Professor, Departments of Medicine and Global Health	University of Washington, Seattle, WA	USA
2009-2011	Clinical Associate Professor, Department of Global Health	University of Washington, Seattle, WA	USA
2005-2011	Clinical Associate Professor of Medicine, Division of Allergy and Infectious Diseases	University of Washington School of Medicine, Seattle, WA	USA
2003-2005	Associate Professor of Medicine, Division of Allergy and Infectious Diseases	University of Washington, Seattle, WA	USA
Brief Summary of Relevant Clinical Research Experience:			
Dr. Neuzil is one of the world's most influential research scientists and advocates in the area of vaccine development and policy. She directs the University of Maryland School of Medicine's Center for Vaccine Development and Global Health (CVD). Throughout her career, she has conducted clinical and epidemiologic studies on vaccine-preventable diseases, yielding high profile publications that inform policy decisions and public health actions. At the global non-profit PATH, Dr. Neuzil was instrumental in the introductions of rotavirus, HPV, and Japanese encephalitis vaccines.			
Signature: Kathleen Neuzil	<small>Digitally signed by Kathleen Neuzil DN: PostalCode 21201, O "University of Maryland, Baltimore", STREET 620 W. Lexington Street, S Maryland, L Baltimore, C US, CN Kathleen Neuzil, E kneuzil@som.umaryland.edu Reason: I am the author of this document Location: your signing location here Date: 2020-04-13 17:22:05 Font: PhantomPDF Version 9.7.1</small>		Signature Date: (dd-Mmm-yyyy)
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name <i>if applicable</i>
	Walsh	Edward	
Professional Mailing Address:			
Street Address 1: Rochester General Hospital/Rochester Regional Health <i>INFECTIOUS DISEASE DEPT</i>		Street Address 2: 1425 Portland Ave. Box 246	
City: Rochester	State/Province: NY	Country: USA	Zip/Postal Code: 14621
Email Address:		Edward.walsh@rochesterregional.org	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and Country	
MD	1974	Downstate Medical Center Brooklyn NY USA	
BS	1970	Manhattan College NYC NY USA	
Medical License Number			
127489-1	New York	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2001	Chief Infectious Disease	Rochester Regional Health/Rochester General Hospital	Rochester, NY USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1997-Present	Professor of Medicine	University of Rochester	USA
1997- Present	Attending Physician	Rochester General Hospital	USA
Brief Summary of Relevant Clinical Research Experience:			
Principle Investigator for Industry sponsored, CDC, NIH and Investigator initiated research studies from 1997 to present with over 100 publications.			
Signature: <i>Edward Walsh</i>		Signature Date: (dd-Mmm-yyyy) 24 April 2018	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Davis	Matthew	Gilruth
Professional Mailing Address			
Street Address: 500 Helendale Road		Other Street Address: L20	
City: Rochester	State/Province: NY	Country: USA	Zip/Postal Code: 14609
Email Address:	mdavis@rcrclinical.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Residency	1989	Shadyside Hospital, Department of Family Medicine	
Medical Doctor	1986	University of Rochester School of Medicine	
BA Biology	1981	Dartmouth College	
Medical License Number	State/Province	Country	
189975-1	New York	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2011-Present	Medical Director	Rochester Clinical Research, Inc.	New York, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1996-2011	Associate Medical Director	Rochester Clinical Research, Inc.	USA
1996-Present	Locum tenens	Highland Hospital	USA
1998-1999	Chief	After Hours Medical Care	USA
Brief Summary of Relevant Clinical Research Experience:			
Research experience on over 738 trials, 408 of which as a Principal Investigator, including: Vaccine: 86 Migraine: 45 Diabetes: 41 Weight loss: 20 Women's Health: 39			
Signature: <i>Matthew Davis</i>		Signature Date: (dd-Mmm-yyyy) 07-May-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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FILE NAME	_Davis%20One%20Page%20CV%205.2020.pdf
DOCUMENT ID	8986d899f24dd703deb73ef98bf1a14c0bef93a0
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

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Viewed by Matthew Davis (mdavis@rcrclinical.com)
IP: 24.169.90.114



SIGNED

05 / 07 / 2020

10:55:12 UTC-5

Signed by Matthew Davis (mdavis@rcrclinical.com)
IP: 24.169.90.114



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10:55:12 UTC-5

The document has been completed.

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Peterson	James	Todd
Professional Mailing Address:			
Street Address 1: J. Lewis Research, Inc. / Foothill Family Clinic		Street Address 2: 2295 Foothill Drive	
City: Salt Lake City	State/Province: Utah	Country: USA	Zip/Postal Code: 84109
Email Address:	jpeterson@jlewisresearch.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
FAAFP	2014	American Academy of Family Physicians / USA	
CCRP	2012	SOCRA / USA	
Residency	2000	University of Nebraska Medical Center / USA	
Doctor of Medicine	1997	University of Nebraska / USA	
Bachelor of Science in Microbiology	1993	Brigham Young University / USA	
Medical License Number	State/Province	Country	
3086646-1205	Utah	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2008	Principal Investigator	J. Lewis Research, Inc.	Utah / USA
2000	Physician	Foothill Family Clinic	Utah / USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2000-2008	Sub-Investigator	J. Lewis Research, Inc.	USA
1999-2000	Physician	Henderson Health Care Services	USA
1999-2000	Physician	Alegent Health Express Care	USA
Brief Summary of Relevant Clinical Research Experience:			
Allergic Rhinitis, Asthma, Back Pain, Celiac Disease, Conjunctivitis, Constipation, Dermatology, Diabetes, Erectile Dysfunction, GERD, Gout, Headache, Hyperlipidemia, Hypertension, IBS, Infectious Disease: (AECB, CAP, Cold, Influenza, Otitis, Pharyngitis, Sinusitis, Sinus Puncture, Skin Infection, and UTI), Migraine (Adult and Pediatric), Neuropathic Pain Relief, OA, OAB, PAR, Pediatrics, Ragweed Allergy, Vaccines (Elderly, Adult and Pediatric), Women's Studies: (Contraception, HPV, HRT, Menstrual Migraine, Uterine Fibroids, Vaginal Atrophy, Vaginal Dryness, Vaginitis, and Vaginosis), Device Studies: (PSA & Free PSA Assay)			
Signature: 		Signature Date: (dd-Mmm-yyyy) 03 Jan 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Instructional text is denoted in GREEN. DELETE green text upon completion of this template. This template is a sample and can be used to create the abbreviated curriculum vitae (CV). If this template is not used, please note the underlined SECTION headings represent the required components that must be included in the abbreviated CV.

Must be typed and all sections must be completed.

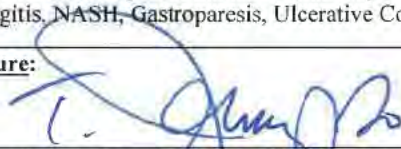
Full Legal Name:	Last Name	First Name	Middle Name <i>if applicable</i>
	Frenck, Jr., MD	Robert	Wilson Dr 30 APR 2020
Professional Mailing Address: <i>Principal Investigator information should be consistent with box 1 of the Statement of Investigator Form Food and Drug Administration (FDA) 1572 or Investigator International Conference on Harmonisation (ICH) Good Clinical Practices (GCP) Attestation Form</i>			
Street Address 1: Cincinnati Children's Hospital Medical Center Gamble Program for Clinical Studies		Street Address 2: 3333 Burnet Ave. MLC 6014	
City: Cincinnati	State/Province: OH	Country: USA	Zip/Postal Code: 45229
Email Address:	Robert.frenck@cchmc.org		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country Where Obtained	
Pediatric Infectious Disease Fellowship	1987-1990	University of Texas Medical School at Houston, USA	
Pediatric Internship and Residency	1981-1984	National naval Medical Center, Bethesda, MD, USA	
MD	1977-1981	University of Texas Medical School at Houston, USA	
B.A. Biology	1973-1977	University of California at San Diego, USA	
Medical License Number	State/Province	Country	
<i>All MD/DO/equivalents must provide a medical license number, and the state/province and country where the license was obtained. For countries that do not disclose or provide license numbers enter "Not applicable". Note: If the MD or DO is in Residency and not yet licensed, indicate Residency or degree on the CV</i>			
# 88123	Ohio	USA	
Current Position at Study Site: <i>current affiliation as noted in box 3 of the Form FDA 1572 or ICH GCP Attestation</i>			
Start Date	Title	Institution or Company	State/Province & Country
2006- Present	Professor of Pediatrics	Cincinnati Children's Hospital Medical Center	OH, USA
Previous Relevant Positions Including Academic Appointments: <i>provide previous 4 relevant positions if applicable</i>			
Start and End Dates	Title	Institution or Company	Country
2004-2006	Professor of Pediatrics	University of California at Los Angeles	USA
1997-Present	Associate Professor of Pediatrics	Uniformed Services, University of Health and Science, MD	USA
1994-1997	Associate Professor of Pediatrics	Eastern Virginia Medical School, VA	USA
Brief Summary of Relevant Clinical Research Experience: <i>Enter "None" if no previous clinical research experience</i>			
Clinical Studies in the Division of Infectious Diseases at CCHMC conducts research on the prevention, diagnosis, and management of infections in subjects of all ages. PI and sub-I on numerous industry, government and PI initiated studies. PI on many studies both in military & civilian, numerous publications, academic & administrative committees, scientific review/consult & professional organizations.			
Signature: <i>This CV is to be signed and dated by the investigator to whom the CV applies. If the investigator refuses to sign, indicate "Refusal to Sign" and date of refusal in the Signature Date box.</i>		Signature Date: (dd-Mmm-yyyy)	
		19 Feb 2019	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			

*Investigator maintains the original, signed copy of his/her abbreviated CV in the investigator site file.
A copy must be forwarded with the other investigator initiation package documents.*

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Jennings	First Name Timothy	Middle Name W.
Professional Mailing Address			
Street Address: Clinical Research Professionals		Other Street Address: 17998 Chesterfield Airport Rd., Suite 100	
City: Chesterfield	State/Province: Missouri	Country: USA	Zip/Postal Code: 63005
Email Address: tjennings@clinicalresearchprofessionals.net			
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
B.S. Physics	1984	Northwest Missouri State University, Kirksville, MO/USA	
Doctor of Osteopathy	1989	Kirksville College of Osteopathic Medicine, Kirksville, MO/USA	
Internship	1990	Normandy Hospital North, St. Louis, MO/USA	
Residency	1992	Normandy Hospital North, St. Louis, MO/USA	
Medical License Number	State/Province	Country	
R6N64	Missouri	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2014	Investigator	Clinical Research Professionals	Missouri/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1994 to Present	Family Practice/Internist	SSM Medical Group	USA
1992 – 1994	Family Practice/Internist	Private Practice	USA
Brief Summary of Relevant Clinical Research Experience:			
Experience as either a PI or Sub-I with studies involving COPD, Alzheimer's disease, Type 2 Diabetes Mellitus, Traumatic Brain Injury, Sexual Disorder, Ragweed Induced Rhinoconjunctivitis, Hypertriglyceridemic Patients with Cardiovascular Disease, C. Diff, Eosinophilic Esophagitis, NASH, Gastroparesis, Ulcerative Colitis, Gastroesophageal Reflux disease, Migraine			
Signature: 		Signature Date: (dd-Mmm-yyyy) 8 Jun 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Christensen	Shane	Glade
Professional Mailing Address:			
Street Address 1: J. Lewis Research, Inc. / Foothill Family Clinic South		Street Address 2: 6360 South 3000 East, Suite 100	
City: Salt Lake City	State/Province: Utah	Country: USA	Zip/Postal Code: 84121
Email Address:	schristensen@jlewisresearch.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
FAAFP	2014	American Academy of Family Physicians / USA	
CCRP	2003	SOCRA / USA	
Residency	1994	University of Utah Affiliated Hospitals / USA	
Doctorate of Medicine	1991	St. Louis University School of Medicine / USA	
Bachelor of Science in Chemistry	1987	Utah State University / USA	
Medical License Number	State/Province	Country	
187690-1205	Utah	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1997	Principal Investigator	J. Lewis Research, Inc.	Utah / USA
1997	Physician	Foothill Family Clinic South	Utah / USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1994-1997	Sub-Investigator	J. Lewis Research, Inc.	USA
1994-1997	Physician	Foothill Family Clinic	USA
Brief Summary of Relevant Clinical Research Experience:			
Allergic Rhinitis, Asthma, Back Pain, Celiac Disease, Conjunctivitis, Constipation, Depression, Dermatology, Diabetes, Dust Mite, Erectile Dysfunction, GERD, Gout, Headache, Heartburn, Hyperlipidemia, Hypertension, IBS, Infectious Disease: (AECB, CAP, Cold, Influenza, Otitis, Pharyngitis, Sinusitis, Sinus Puncture, Skin Infection, and UTI), Migraine (Adult and Pediatric), Neuropathic Pain Relief, OA, Obesity, OTC Indications, Pain, PAR, Pediatrics, Ragweed Allergy, Restless Leg, Sprain, Timothy Grass Allergy, Vaccines (Elderly, Adult and Pediatric), Women's Studies: (Contraception, HPV, HRT, Menstrual Migraine, Osteoporosis, Uterine Fibroids, Vaginal Atrophy, Vaginitis, and Vaginosis), Device Studies: (PSA & Free PSA Assay, RAT testing, Troponin Assays)			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		06 - Jan - 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Page 1 of 1

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Version 1.0, 01-Apr-2019




ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Varano	First Name Susann	Middle Name
Professional Mailing Address			
Street Address: 2080 Bridgeport Avenue		Other Street Address:	
City: Milford	State/Province: CT	Country: USA	Zip/Postal Code: 06460
Email Address:	svarano@clinicalrc.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Geriatric Fellowship	1999	Yale University School of Medicine, USA	
Chief Residency	1998	Yale University/Norwalk Hospital, USA	
Internal Medicine Residency	1997	Yale University School of Medicine, USA	
M.D.	1994	Chicago Medial School, USA	
B.S.	1990	Saint Joseph's College, USA	
Medical License Number			
136340	State/Province CT	Country USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2007	Investigator	Clinical Research Consulting, LLC	CT/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2017-Present	Geriatric Consultant	Maplewood Assisted Living	USA
2012-2017	Geriatric Consultant	Hamden Health and Candlewood Valley Rehab	USA
2007-2009	Clinical Investigator	Danbury Clinical Research	USA
2005-2007	Clinical Investigator	Clinical Research Consultants	USA
2001-2013	Program Director and Geriatrician	Elder Horizons at Yale-New Haven Hospital	USA
Brief Summary of Relevant Clinical Research Experience:			
Has been a Clinical Investigator on over 80 clinical trials while at CRC.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 20-May-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
	Doust	Matthew	W.
Professional Mailing Address			
<u>Street Address:</u> 3900 E. Camelback Road		<u>Other Street Address:</u> Suite 125	
<u>City:</u> Phoenix	<u>State/Province:</u> AZ	<u>Country:</u> USA	<u>Zip/Postal Code:</u> 85018
Email Address:	<u>Matthew.doust@hriaz.com</u>		
Academic Qualifications:			
<u>Degree and/or Certification</u>	<u>Date (yyyy)</u>	<u>Institution and/or Country</u>	
Certified, Pain Medicine	2004	American Board of Pain Medicine, USA	
Certified, Anesthesiologist	2003	American Board of Anesthesiology, USA	
Doctor of Medicine	1998	SUNY Health Science Center at Syracuse, USA	
<u>Medical License Number</u>	<u>State/Province</u>	<u>Country</u>	
29038	AZ	USA	
Current Position at Study Site:			
<u>Start Date</u>	<u>Title</u>	<u>Institution or Company</u>	<u>State/Province & Country</u>
2006	Principal Investigator	HOPE Research Institute	AZ, USA
Previous Relevant Positions Including Academic Appointments:			
<u>Start and End Dates</u>	<u>Title</u>	<u>Institution or Company</u>	<u>Country</u>
2003-Present	Pain Management Physician	The Pain Center of Arizona	USA
Brief Summary of Relevant Clinical Research Experience:			
Physician who has worked as a PI/ Sub-Investigator for over 14 years on Phase I-IV drug/ medical device clinical trials with an emphasis on pain management. Therapeutic areas include chronic pain conditions, device, and vaccines.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		14 May 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Dever	Michael	Edward
Professional Mailing Address:			
Street Address 1: 618 East South Street		Street Address 2: Suite 100	
City: Orlando	State/Province: FL	Country: USA	Zip/Postal Code: 32801
Email Address:	Mdever@cnshealthcare.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
MD	1982	University of Kentucky, USA	
BA	1976	University of Louisville, USA	
Medical License Number			
	State/Province	Country	
ME 0046886	FL	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
12/2013	Investigator	Clinical Neuroscience Solutions, Inc.	FL, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2012-10/2013	Investigator	Compass Research	FL, USA
2013 – Present	Physician and Medical Director	Sanford Florida First Baptist Church	FL, USA
2010 – Present	Medical Director	American General Life	TX, USA
Brief Summary of Relevant Clinical Research Experience:			
Investigator on over 200 phase I-IV clinical trials in pediatric, adolescents, adults and geriatrics. Diagnoses include: Acne, Alcohol dependence, Alzheimer's disease, Asthma, Autism, Attention-deficit hyperactivity disorder (ADHD), Atopic Dermatitis, Borderline Personality Disorder, C-difficile, Chemical dependence, Chronic idiopathic constipation, Chronic pain, Cold Treatment, Constipation, Crohn's Disease, Dementias, Depressive disorders, Diabetes, Diabetic peripheral neuropathy, Diarrhea, Diverticulitis, Endometriosis, Epilepsy, Fatigue, Female sexual arousal disorder, Fibromyalgia, Flu treatment, Flu vaccine, Gambling cessation, Generalized anxiety, Gastrointestinal disorders, Gout, Hot flashes, Hyperlipidemia, Hypertension, Hyposexual arousal disorder, Infectious diseases, Influenza, Insomnia, Irritable bowel syndrome, Lower back pain, Metabolic and Endocrine disorders, Migraine, Mild cognitive impairment, Mood disorders, Musculoskeletal disorders, NASH, Obesity, Obsessive-compulsive disorder, Opioid induced constipation, Opioid withdrawal, Oppositional defiant disorder, Panic disorder, Parasitic diseases, Post-herpetic neuralgia, Post-traumatic stress disorder, Rheumatoid disorders, RSV Vaccine, Schizophrenia, Sexual dysfunction, Skin disorders, Sleep disorders, Smoking cessation, Social phobia, Stuttering, Tourette's, Tropical diseases, Uterine Fibroids, UTI, and Women's Health.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		02-MAR-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			

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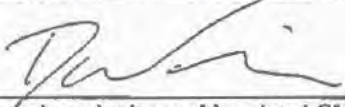
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Barnett	Elizabeth	Day
Professional Mailing Address			
Street Address: Boston Medical Center		Other Street Address: 670 Albany St., 6 th Fl. (administrative offices)	
City: Boston	State/Province: Massachusetts	Country: United States	Zip/Postal Code: 02118
Email Address:	ebarnett@bu.edu		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
ScB	1977	Brown University	
MD	1985	Boston University School of Medicine	
Residency in Pediatrics	1989	Boston City Hospital (now Boston Medical Center)	
Fellowship in Pediatric Infectious Diseases	1992	Boston City Hospital (now Boston Medical Center)	
Medical License Number	State/Province	Country	
58612	Massachusetts	United States	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2018	Chief of the Section of Pediatric Infectious Diseases	Boston Medical Center	Massachusetts, United States
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2010-Present	Professor of Pediatrics	Boston University School of Medicine	United States
2008-2018	Director of Pediatric Infectious Disease Fellowship Program	Boston Medical Center	United States
1997-Present	Site Director of the GeoSentinel Surveillance Network	Boston Medical Center	United States
1995-Present	Director of International Clinic and Refugee Health Assessment Program	Boston Medical Center	United States
Brief Summary of Relevant Clinical Research Experience:			
Has been the PI or Co-PI of numerous government and industry funded clinical trials involving vaccines and infectious diseases.			
Signature:			Signature Date: (dd-Mmm-yyyy)
			05-May-2020
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
	Finn	Daniel	J.
Professional Mailing Address			
<u>Street Address:</u> Kentucky Pediatric/Adult Research		<u>Other Street Address:</u> 201 South 5 th Street	
<u>City:</u> Bardstown	<u>State/Province:</u> KY	<u>Country:</u> USA	<u>Zip/Postal Code:</u> 40004
<u>Email Address:</u>	(b) (6)		
Academic Qualifications:			
<u>Degree and/or Certification</u>	<u>Date (yyyy)</u>	<u>Institution and/or Country</u>	
MD/FAAP	1998	University of Louisville School of Medicine, USA	
<u>Medical License Number</u>	<u>State/Province</u>	<u>Country</u>	
34862	Kentucky	USA	
Current Position at Study Site:			
<u>Start Date</u>	<u>Title</u>	<u>Institution or Company</u>	<u>State/Province & Country</u>
2001-Present	MD	Kentucky Pediatric/Adult Research	KY/USA
Previous Relevant Positions Including Academic Appointments:			
<u>Start and End Dates</u>	<u>Title</u>	<u>Institution or Company</u>	<u>Country</u>
2001-Present	Partner	Physicians to Children & Adolescents	USA
Brief Summary of Relevant Clinical Research Experience:			
Have participated in over 321 clinical trials in infant, toddler, pediatric, adult and elderly populations. Principal Investigator on approximately 29 trials, Sub investigator on remaining. Indications include anti-infective (Acute Otitis Media, Acute Sinusitis, Streptococcal Pharyngitis, Community Acquired Pneumonia, Skin and Skin Structure infections, Acute Otitis Externa, Acute Exacerbation of Chronic Bronchitis, Urinary tract infections), ADHD, Migraine, Vaccines (pneumococcal conjugate, meningococcal A, C, W, Y, meningococcal B, Hib, MMR, Varicella, Hepatitis A, Hepatitis B, influenza, Japanese Encephalitis, combination vaccines, HPV, HSV), asthma, smoking cessation, depression, functional constipation, RSV, formula, etc. Phase I-IV, including post-marketing. Began in 2001, continues to present.			
<u>Signature:</u> 		<u>Signature Date: (dd-Mmm-yyyy)</u> 18-MAY-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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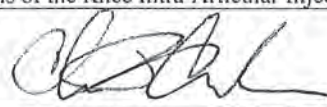
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Fragoso	Veronica	Garcia
Professional Mailing Address			
Street Address: 6550 Mapleridge Street		Other Street Address: Suite 201, 206, 216, 220 <i>RM</i>	
City: Houston	State/Province: Texas	Country: USA	Zip/Postal Code: 77081 <i>01-FL-2021</i>
Email Address:		veronica.fragoso@tcdresearch.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
FP	2006	San Jacinto Family Residency, USA	
MD	2002	University of Texas Medical School, USA	
BS	1995	St. Mary's University, USA	
HS	1991	South Texas High School for Health Professions, Mercedes, Texas	
Medical License Number	State/Province	Country	
M9286	Texas	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
Dec-2013-present	Principal Investigator	Texas Center for Drug Development, Inc.	Texas- USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
Feb-2019-present	PI/Sub-I	Bellaire's Doctor Clinic	USA
Jun 2013 -present	Private Contractor	Physicians Resources, Inc.	USA
Mar-2011-Apr-2013	Visiting Physician	Visiting Physician Association	USA
Dec-2010-Mar-2011	Private Contractor	Unisource Medical Locums Company	USA
Feb-2009-Aug-2010	Assistant Professor	UT-Physicians/Baytown Community Clinic	USA
Apr-2008-Sep-2008	Physician	Medicorp Family Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
Chronic Congestive Heart Failure, Chlamydia, Contraceptive vaginal Gel, Type 2 Diabetes, Migraines, COPD, Nash, Hyperlipidemia, Cardiovascular, Ebola Vaccine, Clostridium Difficile Vaccine, RSV Vaccine, Pneumococcal Disease, Major Depressive Disorder, Binge eating disorder, Schizophrenia, etc.			
Signature: <i>V. Fragoso MD</i>		Signature Date: (dd-Mmm-yyyy) <i>23-Dec-2020</i>	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Andrews	First Name Charles	Middle Name P
Professional Mailing Address:			
Street Address: 4410 Medical Drive, Suite 360		Other Street Address:	
City: San Antonio	State/Province: Texas	Country: USA	Zip/Postal Code: 78229
Email Address: dr.andrews@dxrg.com			
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Subspecialty	1980	American Board of Internal Medicine (pulmonary), USA	
Board Certification	1978	American Board of Internal Medicine, USA	
MD	1975	University of Texas Southwestern Medical School, USA	
Medical License Number			
E4177	Texas	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2000	Principal Investigator	DIAGNOSTICS RESEARCH GROUP	TX, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1981-1982	Assistant Professor of Medicine	University of Texas Health Science	USA
1980-1981	Medical Director	Audie L. Murphy Memorial Veterans Hospital	USA
1982-2012	Staff Physician	St. Luke's Lutheran Hospital	USA
Brief Summary of Relevant Clinical Research Experience:			
Dr, Andrews has been a Principal Investigator or Sub-Investigator in clinical in 200 + Clinical Trials since 2000 including Chronic Obstructive Pulmonary Disease Trials, Seasonal Allergic Rhinitis, Perennial Allergic Rhinitis, Stress Urinary Incontinence, Irritable Bowel Syndrome, Asthma, Pulmonary Arterial Hypertension, Chronic Cough, Osteoporosis, Non-Alcoholic Fatty Liver Disease (NALFD), Osteoarthritis of the Knee Intra-Articular Injection, Clostridium Difficile Vaccine, Pneumonia Vaccine.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 02 Jun 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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**CLINICAL AND MEDICAL CONTROLLED DOCUMENT (CMCD)
SUPPORTING DOCUMENT**

Identifier	Version	Title	Effective Date
INV02-INV04- WI-GL02-SD01	1.0	ABBREVIATED CURRICULUM VITAE TEMPLATE	01-Apr-2019

Full Legal Name:	Last Name	First Name	Middle Name
	Rubino, MD	John	
Professional Mailing Address:			
Street Address 1: Raleigh Medical Group, PA		Street Address 2: 3521 Haworth Drive	
City: Raleigh	State/Province: North Carolina	Country: USA	Zip/Postal Code: 27609
Email Address:	jrubino@raleighmedicalgroup.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Resident	1986	North Carolina Memorial Hospital, USA	
Doctor of Medicine	1983	University of Connecticut, USA	
Master of Science	1979	University of Connecticut, USA	
Bachelor of Science	1978	University of Connecticut, USA	
Medical License Number	State/Province	Country	
28689	North Carolina	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2005 to Current	Network Medical Director	PMG Research of Raleigh, LLC	NC, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1990 to 2005	Director of Clinical Research	Multi-Specialty Research Associates of N.C.	USA
1986 to Current	Private Practice Physician	Raleigh Medical Group, PA	USA
Brief Summary of Relevant Clinical Research Experience:			
Allergic Rhinitis, COPD, Gout, Migraine, Angina, C-Diff, Hormone Replacement, Mixed Dyslipidemia, Arthritis, Depression, Hyperlipidemia, Musculoskeletal Pain, Athlete's Foot, Diabetes, Hypertension, Myalgia, Atrial Fibrillation, Diabetes/Hypertension, Hypercholesterolemia, Nocturia, CAD, Diabetic Peripheral Neuropathy, Hypertriglyceridemia, Non-Malignant Pain, Chronic Low Back Pain, Dyslipidemia, Impotence, Osteoarthritis, Claudication, Erectile Dysfunction, Insomnia, Cardiovascular Disease, Coagulation, Flu, Low Back Pain, Rosacea, Constipation, Gastro Esophageal Reflux Disease, Interdigital Tinea pedis, Pneumonia			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		02-Mar-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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Abbreviated Curriculum Vitae (CV)

First Name: Steven
Middle Name: Richard
Last Name: Kaster
Profession: MD, CPI
Affiliation Name: Wenatchee Valley Hospital

Address: Clinical Research Department, 820 N. Chelan Avenue

City: Wenatchee
Postal Code: 98801
State/Region/Province: WA
Country: USA
Phone: 509 436-4050
Extension: 5800
Fax: 509 664-7177
Email: rr-kaster@confluencehealth.org

Study Location Name ^{NA}
 (if different):

Address :

City:
Postal Code:
State/Region/Province:
Country:
Phone:
Extension:
Fax:
Email (if different):

EDUCATION

University	Degree	Year Completed
University of California, Davis, CA., USA	BS-Biological Sciences	1980
University of California, Davis, CA., USA	MS-Immunology	1982

MEDICAL EDUCATION

University	Degree	Year Completed
University of Southern California, USA	MD	1987
Department of Family and Community Medicine, University of Missouri, Columbia, MO, USA	Residency	1987-1990

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Abbreviated Curriculum Vitae (CV)

PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING		
Institution	Medical Field	Year (Completed)
Wenatchee Valley Hospital, Medical Director, Clinical Research, Wenatchee, WA., USA	Clinical Research- Investigator	2006-Present
GroupNet, Medical Director, Clinical Research, Wenatchee, WA., USA	Clinical Research	2006-2010
Wenatchee Valley Hospital, Division of Primary Care, Wenatchee, WA., USA	Family Medicine	1992-2008

Professional License Number: MD00029645
 State/Region/Province: WA
 Expiration Date: 05/14/2022
 Research Area(s) of Interest: immunology, Endocrinology, Diabetes, Musculoskeletal, Cardiovascular, Adult Vaccine
 Clinical Trial Phases: I II III IV

List your most Current Clinical Research below:

Therapeutic Area:	Type of Trial	Phase:	Completed	On-Going
Diabetes	Industry	II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiovascular Disease	Industry	III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hep B Vaccine	Industry	IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vascular Disease	Industry	III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weight loss	Industry	IIIa	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Type II Diabetes	Industry	IIIb	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C-Diff Vaccine	Industry	III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Covid-19 Vaccine	Industry	III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

GCP Training Documentation (Course Provider/Year Completed): ACRP-SCRS GCP / 2019

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature: Date: 5-Aug-2020

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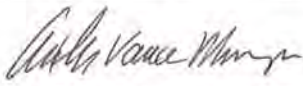
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Lucasti	Christopher	
Professional Mailing Address			
Street Address: 730 Shore Road		Other Street Address:	
City: Somers Point	State/Province: NJ	Country: USA	Zip/Postal Code: 08244
Email Address: (b) (6)			
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Doctor of Osteopathy	1986	Philadelphia College of Osteopathic Medicine, USA JN 03/08/20	
Bachelor of Science	1982	St Josephs University, USA JN 03/08/20	
Post Grad Training	1989-1991	University of Medicine and Dentistry of New Jersey, USA JN 03/08/20	
Residency	1987-1989	Kennedy Memorial Hospital, USA JN 03/08/20	
Medical License Number	State/Province	Country	
25MB05201900	New Jersey	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1999-Present	Principle Investigator	South Jersey Infectious Disease	USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2000 – present	Chairman Infection Control	Shore Medical center	USA
1991-2009	Chief of Infectious Disease	Cape Regional Medical Center	USA
2004-present	Credentialing Committee	Shore Medical Center	USA
Brief Summary of Relevant Clinical Research Experience:			
20+ years of research experience that includes inpatient and outpatient trials in the fields of HIV, intra-abdominal infections, skin infections, vaccines and infectious diseases.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 03 AUG 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Murray	Alexander	Vance
Professional Mailing Address			
Street Address: 806 Green Valley Road, Suite 305		Other Street Address:	
City: Greensboro	State/Province: NC	Country: USA	Zip/Postal Code: 27408
Email Address:	amurray@pharmquest.biz		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
MD	1983	University of Virginia School of Medicine, Charlottesville, VA USA	
Medical License Number	State/Province	Country	
29782	NC	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1998	Principal Investigator	PharmQuest	NC USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1986 – 2005	Physician	Eagle Family Medicine @ Triad	USA
1983 – 1986	Resident	Bowman Gray School of Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
Principal Investigator: Cholesterol, Type II Diabetes, Urinary, Shingles Vaccination, Insomnia, Tendonitis, Hypertension, Post-Herpetic Neuralgia, Post-Menopausal with Low Bone Mass, Osteoarthritis, Alzheimer's, Asthma, Gastrointestinal, Low Back Pain, Diabetic Neuropathy, Fibromyalgia, Cardiovascular, COPD, Endometriosis and Depression studies			
Signature: 		Signature Date: (dd-Mmm-yyyy) 04-JUN-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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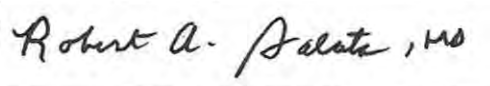
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Lillestol	Michael	J
Professional Mailing Address: Lillestol Research LLC			
Street Address 1: 4450 31 st Avenue S		Other Street Address: Suite 101	
City: Fargo	State/Province: ND	Country: USA	Zip/Postal Code: 58104
Email Address:		lillestolmd@lillestolresearch.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
MD	1974	University of Minnesota, MN, USA	
BS Pharmacy	1970	North Dakota State University, ND, USA	
Medical License Number			
4830	ND	USA	
22194	MN	USA	
AL6707965	DEA	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2004-present	President	Lillestol Research LLC	ND, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1983-1993; 2002-present	President	Internal Medicine Associates	ND, USA
1992-2004	Consultant	Odyssey Research Services	ND, USA
1993-2002	Physician	Dakota Heartland	ND, USA
Brief Summary of Relevant Clinical Research Experience:			
Dr. Lillestol has more than 29 years of clinical research experience and has now served as PI on more than 250 clinical trials. He has worked on a variety of indications related to Internal Medicine and with numerous Pharmaceutical Sponsors and CROs.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		04 Jul 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Salata	First Name Robert	Middle Name Andrew
Professional Mailing Address			
Street Address: University Hospitals Cleveland Medical Center		Other Street Address: 11100 Euclid Avenue	
City: Cleveland	State/Province: Ohio	Country: USA	Zip/Postal Code: 44106
Email Address:	Robert.salata@uhhospitals.org		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
BA	1974	University of Notre Dame	
MD	1979	Case Western Reserve University	
Medical License Number			
35.043998	State/Province Ohio	Country USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2016	Chairman Department of Medicine	University Hospitals Cleveland Medical Center	Ohio/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2015-Present	Physician-in-Chief, Master Clinician in Infectious Diseases	University Hospitals Cleveland Medical Center	USA
2007-Present	PI Infectious Diseases Clinical Trials Unit	Case Western Reserve University/UHCMC	USA
1998-Present	Professor of Medicine, International Health, Biostatistics and Epidemiology	Case Western Reserve University	USA
Brief Summary of Relevant Clinical Research Experience:			
<p>I have the expertise, leadership, skills set and motivation to undertake and successfully carry out the proposed research project. I have undertaken trials on-site of several vaccines (e.g. Modified Vaccinia Ankara, influenza). I have been involved in clinical trials study design, implementation, analysis and dissemination of clinical trials studies for 30 years. I have been a site Principal Investigator for phase I trials conducted with support from the NIH and National Institute of Allergy and Infectious Diseases (NIAID) and the Division of Microbiology and Infectious Diseases (DMID) for the past 10 years. Additionally, I have been involved in AIDS Clinical Trial Group-sponsored studies (domestic and international) through NIAID and the Division of AIDS for over 15 years and have served as protocol chair and vice chair on several protocols. I am a part of the NIAID DMID Sexually Transmitted Infections Clinical Trials Group and am part of an award from the Department of Health and Human Services to undertake studies of emerging infections through the Biomedical Advanced Research Development Authority (BARDA).</p>			
Signature: 		Signature Date: (dd-Mmm-yyyy) 17-Aug-2020	
<p>I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.</p>			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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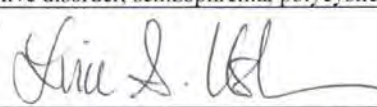
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Lee, M.D.	Marcus	W.
Professional Mailing Address			
Street Address: Trinity Clinical Research		Other Street Address: 709 NW Atlantic Street	
City: Tullahoma	State/Province: TN	Country: USA	Zip/Postal Code: 37388
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
B.S. Chemistry	1996	University of Tennessee	
Doctor of Medicine	2000	University of Tennessee at Memphis	
Family Practice Residency	2003	University of Tennessee Family Practice	
Medical License Number			
MD0000035884	State/Province: TN	Country: USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2011	Principal Investigator	Trinity Clinical Research	TN/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2006 to present	CEO, MD	Universal Family Care	USA
2010-2011	PI	HCCA Clinical Research	USA
Brief Summary of Relevant Clinical Research Experience:			
COPD, Diabetes, Fibromyalgia, Elevated Cholesterol, Insomnia in Alzheimer's, OIC, Migraine, Diabetic Neuropathy, Herpetic Neuralgia, C-Diff			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		16-JUL-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Usdan	Lisa	S.
Professional Mailing Address:			
Street Address: 6401 Poplar Avenue Suite 420		Other Street Address:	
City: Memphis	State/Province: TN	Country: USA	Zip/Postal Code: 38119
Email Address:	<u>lusdan@cnshealthcare.com</u>		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Medical Doctor	2003	University of Tennessee	
Bachelor of Science, Psychology	1999	Tulane University	
Medical License Number	State/Province	Country	
43169	Tennessee	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2012	Investigator	Clinical Neuroscience Solutions, Inc.	Tennessee/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008-2009	Fellowship, Obesity	Boston University Medical Center	USA
2006-2008	Fellowship, Endocrinology	Boston Medical Center	USA
2003-2006	Residency, Internal Medicine	Thomas Jefferson	USA
Brief Summary of Relevant Clinical Research Experience:			
Principal Investigator and Sub-Investigator on over 65 clinical trials in phase I – IV clinical research in children, adolescents and adults. Diagnoses include ADHD, Alzheimer’s disease, ankle sprain, bipolar disorders, binge eating, constipation, chronic pain, depressive disorders, diabetes, painful diabetic neuropathy, fibromyalgia, irritable bowel syndrome, constipation, hypertension, obesity, migraines, opioid induced constipation, opioid induced constipation, osteoarthritis, osteoporosis, pain, panic disorder, post-traumatic stress disorder, schizoaffective disorder, schizophrenia, polycystic ovarian syndrome, thyroid, pituitary diseases and internal medicine.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 28 JUN 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Whiles	Rick	J.
Professional Mailing Address:			
Street Address 1: Holston Medical Group 240 Medical Park Blvd. Suite 3600		Street Address 2:	
City: Bristol	State/Province: TN	Country: USA	Zip/Postal Code: 37620
Email Address:		rick.whiles@myhmg.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Residency	2000	Akron General Medical Center & Children's Medical Center of Akron - USA	
Medical Degree	1996	Medical College of Ohio- USA	
Medical License Number			
MD0000036471	Tennessee	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2002-Current	Internal & Pediatric Medicine Physician	Holston Medical Group	TN / USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2000-2002	Internal & Pediatric Medicine	Dorothy Lane Internal Medicine & Pediatrics	USA
Brief Summary of Relevant Clinical Research Experience:			
Principal Investigator and Sub-Investigator on studies including Atrial Fibrillation , Type II Diabetes, Obesity, Osteoarthritis, Overactive Bladder, Smallpox Vaccine, Depression, Hepatitis A, Rota Virus, Hyperlipidemia, Strep, Back Pain, Hypercholesterolemia, Dyslipidemia, Cardiovascular Risk, COPD, Infant Formula, Hypertension, Otitis Externa, MMR Vaccines, and C-Diff Vaccine..			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		17 FEB 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Crook	First Name Gretchen	Middle Name
Professional Mailing Address			
Street Address: 11714 Wilson Parke Ave., Suite 150		Other Street Address:	
City: Austin	State/Province: TX	Country: USA	Zip/Postal Code: 78726
Email Address:	gcrook@arcmd.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Chief Resident	2000	University of Florida College of Medicine	
Residency	2000	University of Florida College of Medicine	
Doctor of Medicine	1997	University of Florida College of Medicine	
Bachelor of Arts	1992	Washington University	
Medical License Number	State/Province	Country	
L1552	TX	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2016	Investigator	ARC Clinical Research at Wilson Parke	TX, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2002 - current	Physician	Austin Regional Clinic	USA
2000 - 2001	Physician	Civilian Staffing Agency	USA
Brief Summary of Relevant Clinical Research Experience:			
<u>General Adult Trials</u> Osteoarthritis, COPD, Asthma, Diabetes Mellitus, Hyperlipidemia, Uterine Fibroid, Colorectal Cancer, Diagnostic Screening, Hepatocellular Carcinoma <u>General Pediatric Trials</u> Influenza <u>Adult Vaccine Trials</u> Clostridium Difficile			
Signature:		Signature Date: (dd-Mmm-yyyy)	
			
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Seger	First Name William	Middle Name M
Professional Mailing Address:			
Street Address: 4504 Boat Club Road Suite 400A		Other Street Address: 4504 Boat Club Road Suite 800	
City: Fort Worth	State/Province: Texas	Country: United States	Zip/Postal Code: 76135
Email Address: williamseger@benchmarkresearch.net			
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
BA in Biology	1980	Texas A&M University	
MD	1985	Texas Tech University	
Medical License Number			
H0801		State/Province Texas	Country United States
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1995	Principal Investigator	Benchmark Research	TX, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1988-present	Vice President	HealthFirst Medical Group	USA
1988-present	Private Practice/Family Practice	HealthFirst Medical Group	USA
2001-present	Clinical Professor	University of North Texas Health	USA
2009-present	Director of Geriatric Vaccines	VaxNet, Premier Vaccine Network	USA
Brief Summary of Relevant Clinical Research Experience:			
Clinical Trial Phases I, II, III, IV. Current Clinical Research Trials: E-Cig, phase IV; Ebola Vaccine, phase I; Gout, phase III; RSV Vaccine, phase IIb; Pediatric Flu Vaccine, phase II; Adult Flu Vaccine, phase III; Small Pox, phase III; Influenza Vaccine, phase III.			
Signature:		Signature Date: (dd-Mmm-yyyy) 06 May 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE



Name: **Aaron N. Hartman, MD**
 Professional Title: **Medical Doctor** Main Daytime Phone: 804-893-2273
 Organization: **Virginia Research Center LLC** Pager:
 Address1: **13911 St. Francis Blvd, Suite 101** Mobile Phone:
 Address2: **Midlothian, VA 23114** 24 Hour Phone: **804-687-8250**
 E-Mail: **ahartman@virginiaresearchcenter.com** Evening Phone:
 Fax: **1-866-372-4381**

AFFILIATIONS

Facility Name	Department Name	Facility/Department Address
Virginia Research Center LLC		13911 St. Francis Blvd, Suite 101, Midlothian, VA 23114

EDUCATION

University/School/Program	Degree/Certificate	Specialty	Year Completed
Virginia Commonwealth University	Bachelor of Science	Not Applicable	1995
Medical College of Virginia	Medical Doctor	Not Applicable	2000
		Not Applicable	
		Not Applicable	
		Not Applicable	

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Medical Director	Virginia Research Center, LLC	2010	Present
Junior Partner	Family Practice Associates	2007	Present
Assistant Clinical Professor in the Department of Medicine	Virginia Commonwealth University	2011	Present
Attending Physician	Mac Dill AFB Hospital	2003	2007
Medical Director	Brandon Community Clinic	2006	2007
Part Time Attending Physician	New Tampa Urgent Care	2005	2007
Primary Care Manager	Brandon Community Clinic	2004	2008
Deployed Warner Medical Readiness Clinic	Landsstuhl Regional Medical Center	2004	2004
Staff Physician	Memorial Regional Medical Center	2002	2003
Residency	Hanover Family Practice / Medical College of Virginia	2001	2003

*AK
06 Aug 2020*

LICENSE DETAILS

Type of License	If Other, Type of License	License Issuer	Professional License Number	Country	State, Province or Region	Expiration Date
Medical Doctor			0101230391	United States of America	Virginia	31-Aug-2020
N/A				N/A		
N/A				N/A		
N/A				N/A		
N/A				N/A		

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ABBREVIATED CURRICULUM VITAE



Name: **Aaron N. Hartman, MD**
 Professional Title: **Medical Doctor**
 Organization: **Virginia Research Center LLC**
 Address1: **13911 St. Francis Blvd, Suite 101**
 Address2: **Midlothian, VA 23114**
 E-Mail: **ahartman@virginiaresearchcenter.com**

Main Daytime Phone: **804-893-2273**
 Pager:
 Mobile Phone:
 24 Hour Phone: **804-687-8250**
 Evening Phone:
 Fax: **1-866-372-4381**

RESEARCH EXPERIENCE

Study Type (Check all that apply):

- Academic
- Industry
- Investigator-Initiated
- Government
- Other / Please specify:

Clinical Study Phases (Check all that apply): I II III IV

Therapeutic Areas of Expertise:

Therapeutic Area	Sub-Therapeutic Area
Musculoskeletal Diseases	Musculoskeletal Abnormalities
Skin and Connective Tissue Diseases	N/A
Endocrine System Diseases	Diabetes Mellitus
Respiratory Tract Diseases	Respiratory System Abnormalities
Nutritional and Metabolic Diseases	Metabolic Diseases
N/A	N/A
N/A	N/A
N/A	N/A

Total Clinical Research Experience:

Therapeutic Area	Sub-Therapeutic Area	Number of completed studies	Number of ongoing studies
Musculoskeletal Diseases	Back Injuries	7	0
Skin and Connective Tissue Diseases	Skin Diseases	2	0
Endocrine System Diseases	Diabetes Mellitus	18	3
Digestive System Diseases	Gastrointestinal Diseases	1	0
Bacterial Infections and Mycoses	Infection	0	2
Cardiovascular Diseases	Metabolic Diseases	0	2
Nutritional and Metabolic Diseases	Metabolic Diseases	3	0
Respiratory Tract Diseases	Respiratory System Abnormalities	11	0
Female Urogenital Diseases and Pregnancy Complications	Sexual Dysfunctions, Psychological	1	0
Virus Diseases	Infection	1	0
Wounds and Injuries	Tendon Injuries	1	1

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Version	Date Completed	Status
TransCelerate	ICH GCP Investigator Training	3	15-Jan-2018	N/A
				N/A
				N/A
				N/A
				N/A
				N/A

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature: _____ Date: 12/12/19

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Hendrix	First Name Ernest	Middle Name Lee
Professional Mailing Address			
Street Address: 721 West Market Street, Suite B		Other Street Address:	
City: Athens	State/Province: Alabama	Country: USA	Zip/Postal Code: 35611
Email Address: ehendrixmd@northalabamaresearch.com			
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Residency, Family Medicine	1994	University of Alabama, USA	
Medical Doctor	1991	University of South Alabama College of Medicine, USA	
Bachelors of Science (Chemistry)	1986	Athens State College, USA	
Medical License Number			
16454	State/Province Alabama	Country USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2007- Present	Principal Investigator	North Alabama Research Center, LLC	Alabama, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2003-Present	Physician	Ernest Lee Hendrix, MD PC	USA
1996-2003	Physician	Athens Limestone Medical Associates of Athens	USA
Brief Summary of Relevant Clinical Research Experience:			
Vaccine, Irritable Bowel Syndrome, Erosive Esophagitis, Helicobacter Pylori, Gout, COPD, Influenza, Diabetes, Asthma, IBS-C, High Risk Cardiovascular Outcome Trial, Diabetic Gastroparesis, Type-2 Diabetes, Erosive Gastroesophageal Reflux Disease, Ulcerative Colitis			
Signature: 		Signature Date: (dd-Mmm-yyyy) 01-Aug-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	McMurray	James	G
Professional Mailing Address			
Street Address: 303 Williams Avenue		Other Street Address: Suite 511	
City: Huntsville	State/Province: AL	Country: USA	Zip/Postal Code: 35801
Email Address:		jgm@marc-research.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Diplomate	1976	American Board of Urology/USA	
Residency	1970-1974	University of Mississippi/USA	
Internship	1967-1968	Memorial Hospital/USA	
Doctor of Medicine	1963-1967	University of Mississippi/USA	
Medical License Number	State/Province	Country	
MD-6591	AL	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1995	Investigator	Medical Affiliated Research Center	AL/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1995-2016	Medical Director	Medical Affiliated Research Center, Inc.	USA
1974-Present	M.D.	James Gordan McMurray, Private Practice	USA
Brief Summary of Relevant Clinical Research Experience:			
20-Benign Prostatic Hypertrophy, 49-Erectile Dysfunction, 7-Nocturia, 9-Premature Ejaculation, 15-Prostate Cancer, 5-Prostatitis, 14-Urinary Incontinence, 16-Testosterone, 8-Urinary Tract Infection, 3-Dyslipidemia, 7-Hypertension, 1-Acne Vulgaris, 1-Psoriasis, 1-Tinea Pedis, 8-Diabetes, 3-Obesity, 2-Chronic Constipation, 1-Diabetic Gastroparesis, 2-Functional Dyspepsia, 3-Gastroesophageal Reflux Disease, 6-IBS, 2-Herpes Virus Labialis, 7-Migraine, 3-Sleep Disorders, 2-Dermatology, 4-Osteoarthritis, 1-Rheumatoid Arthritis, 1-Psoriatic Arthritis, 3-Contraceptive, 1-Endometrial Hyperplasia, 6-Endometriosis, 13-Female Sexual Dysfunction, 5-Fibroids, 4-Hormone Replacement Therapy, 1-Osteoporosis, 5-Vaginal Atrophy, 3-Vulvovaginal Candidiasis, 1-Clostridium Difficile, 2-Vaccine			
Signature:		Signature Date: (dd-Mmm-yyyy)	
			
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

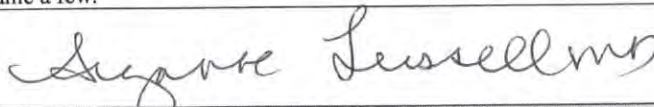
Full Name:	Last Name	First Name	Middle Name
	Burgher	Abram	H.
Professional Mailing Address			
Street Address: 2525 W. Greenway Road		Other Street Address: Suite 220	
City: Phoenix	State/Province: AZ	Country: USA	Zip/Postal Code: 85023
Email Address:		Abram.burgher@hriaz.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Certified, Anesthesiologist	2010	American Board of Pain Medicine, USA	
Doctor of Medicine	2004	University of Minnesota, Twin Cities, USA	
Medical License Number	State/Province	Country	
34609	AZ	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2011	Principal Investigator	HOPE Research Institute	AZ, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2011- 2020	Pain Management Physician	The Pain Center of Arizona	USA
2018- Present	Assistant Professor	Mayo Clinic Graduate School of Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
Physician who has worked as a PI/ Sub-Investigator for over 9 years on Phase I-IV drug/ medical device clinical trials with an emphasis on pain management. Therapeutic areas include chronic pain conditions, device, and vaccines.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		24 Jul 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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AL
04 Aug 2020



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Fussell	First Name Suzanne	Middle Name
Professional Mailing Address			
Street Address: 2403 Atlantic Ave		Other Street Address:	
City: Long Beach	State/Province: CA	Country: USA	Zip/Postal Code: 90806
Email Address:	sfussell@lbclinicaltrials.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
MD	1994	UCLA/ Charles R. Drew School Of Medicine, CA, USA	
Medical License Number	State/Province	Country	
A55383	CA	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1/1/2014	Principal Investigator	Long Beach Clinical Trials Services Inc.	California, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1998- Current	Medical Director	St Nazarene Medical Clinic	USA
2003- Current	Chair Of Medical Foundation	Health wise	USA
2016-2017	Medical Director	Silverado Hospice	USA
Brief Summary of Relevant Clinical Research Experience:			
I have been involved in clinical research for the past 10years. I have been the principal and sub-investigator on various studies. Some areas of past research include, Gastrointestinal disorder, skin disorders, women's health, musculoskeletal disorder, infectious diseases as well as endocrinology studies. I have significant experience with GCP as well as interfacing with various EDC systems such as medidata, RAVE and trident to name a few.			
Signature:			Signature Date: (dd-Mmm-yyyy) 21 / Jul / 2020
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Leibowitz	Mark	Todd
Professional Mailing Address			
Street Address: 2010 Wilshire Blvd.		Other Street Address: Suite 302 <i>and 809</i>	
City: Los Angeles	State/Province: CA	Country: USA	Zip/Postal Code: 90057
Email Address:		<u>Mark.Leibowitz@NRITrials.com</u>	
Academic Qualifications: M.D.			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
M.D.	1982	Albert Einstein College of Medicine, New York/ USA	
B.A.	1978	Hofstra University, New York/ USA	
Medical License Number			
<i>421066</i>	State/Province: California	Country: USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
May 2019	Principal Investigator or Sub-Investigator	National Research Institute	CA/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
Feb 2013-Apr 2019	Investigator Director of Early Phase Research	Collaborative Neuroscience Network, Inc.	USA
Jan 2008-Dec 2012	Investigator/ Medical Director	Cedra Clinical Research, LLC/ Worldwide Clinical Trials, Drug Development Solutions, Clinical Research Services	USA
2005-2007	Director of Early Drug Development	California Clinical Trials Medical Group	USA
2004-2005	Assistant Medical Director	California Clinical Trials Medical Group	USA
Brief Summary of Relevant Clinical Research Experience:			
<p>PHASE I-IV; Healthy Normal Subjects (Adult and Elderly) • Bioequivalence • Ethno-Bridging Studies • Studies involving CSF Sampling (Lumbar Puncture, Serial/ Continuous Collection via Lumbar Catheter)</p> <p>Other Indications: Alzheimer's Disease • Anxiety Disorder • Bipolar Disorder • Depression • Diabetes • Gastrointestinal Disorders • Liver Disease • Hypertension • HIV • Insomnia • Migraine • Mild Cognitive Impairment • Multiple Sclerosis • NAFLD • NASH • Obesity • Osteoarthritis • Parkinson's Disease • Pre- and Post- Menopausal • Psoriasis • Psychotic Disorders • Schizophrenia and Schizoaffective Disorders • Uterine Fibroids</p> <p>Additional: 200+ Bioequivalence & Ethno-Bridging • 70+ Healthy Normal • 40+ First in Man (FIM)</p> <p>Active Contributing and Voting Member for Data Safety Monitoring Boards</p>			
Signature:		Signature Date: (dd-Mmm-yyyy)	
<i>Mark Leibowitz</i>		<i>16-MAY-2020</i>	
<p>I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.</p>			

7/9/11 Aug 2020

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7/9/11 Aug 2020



Dr. Helen Lee Stacey

Diablo Clinical Research
2255 Ygnacio Valley Rd, Suite M
Walnut Creek, California,
United States of America, 94598
Email: hstacey@diablocinical.com

Cell/Mobile: 9259307267

Fax: 9259307392

AFFILIATIONS

Facility Name (Department Name)	Facility Address	Department Address
Diablo Clinical Research, Inc.	2255 Ygnacio Valley Road, Suite M, Walnut Creek, California, United States of America, 94598	Not Applicable

EDUCATION

University	Degree/Certificate	Specialty	Year Completed
University of Washington	MPH	Not Applicable	1996
University of Washington	Internal Medicine Residency	Not Applicable	1991
Emory University	MD	Not Applicable	1988

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Investigator	Diablo Clinical Research	2000	Present
Internist	Muir Primary Care	1999	2001
Medical Director	Washington Corrections Center for Women	1996	1998
Medical Director	Seattle Public Schools Hepatitis B Immunization Project	1994	1995
Acting Instructor	University of Washington AIDS Vaccine Unit	1991	1994

LICENSE DETAILS

Type of License	License Issuer	Professional License Number	Country	State/Province/Region	Expiration Date
Medical Doctor	State of California	G85228	United States of America	California	30-Nov-2020

RESEARCH EXPERIENCE

Study Type: Industry;Government;Academic
Clinical Study Phases: I,II,III,IV
Therapeutic Area of Expertise: Device;Digestive System Diseases;Endocrine System Diseases;Female Urogenital Diseases and Pregnancy Complications;Male Urogenital Diseases;Nervous System Diseases;Nutritional and Metabolic Diseases;Pain;Vaccines;Women's Health

TOTAL CLINICAL RESEARCH EXPERIENCE

Therapeutic Area	Sub Therapeutic Area	Number of Completed Studies	Number of Ongoing Studies
Endocrine System Diseases	Diabetes Mellitus	7	5
Vaccines	Vaccines	7	3
Women's Health	Women's Health	7	0
Nervous System Diseases	Neurologic Manifestations	5	1
Digestive System Diseases	Gastrointestinal Diseases	3	2
Device	Device	3	0
Male Urogenital Diseases	Genital Diseases, Male	2	1
Nutritional and Metabolic Diseases	Metabolic Diseases	2	0
Female Urogenital Diseases and Pregnancy Complications	Female Urogenital Diseases	1	0
Pain	Pain	1	0

GCP TRAINING DETAILS

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Dr. Helen Lee Stacey

Diablo Clinical Research
 2255 Ygnacio Valley Rd, Suite M
 Walnut Creek , California ,
 United States of America , 94598
 Email: hstacey@diabloclinical.com

Cell/Mobile: 9259307267
 Fax: 9259307392

Course Provider	Course Title	Date Completed (DD- MMM-YYYY)	Status
CITI Program	GCP for Clinical Trials with Investigational Drugs and Medical Devices (U.S. FDA Focus) Course - 1	03-Jul-2018	Certificate Valid

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature:	Dr. Helen Lee Stacey staceyh_8509 19-DEC-2019 18:24:27 GMT Author of CV
------------	---

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
	Cardona	Jose	F.
Professional Mailing Address			
Street Address: 3700 West 12 th Ave.		Other Street Address: Suite 300	
City: Hialeah	State/Province: FL	Country: USA	Zip/Postal Code: 33012
Email Address:	jcardona@indagoresearch.org		
Academic Qualifications: MD, MBA			
<u>Degree and/or Certification</u>	<u>Date (yyyy)</u>	<u>Institution and/or Country</u>	
MBA in Health Administration and Policy	2007	University of Miami, USA	
Emergency Medicine Residence	1988	Puerto Rico Medical Center, University Hospital, Puerto Rico	
Emergency Medicine Internship	1986	Puerto Rico Medical Center, University Hospital, Puerto Rico	
Medical Doctor	1985	Universidad Central del Caribe School of Medicine, Puerto Rico	
<u>Medical License Number</u>	<u>State/Province</u>	<u>Country</u>	
ME 68785	Florida	USA	
Current Position at Study Site:			
<u>Start Date</u>	<u>Title</u>	<u>Institution or Company</u>	<u>State/Province & Country</u>
08/2015	Principal Investigator	Indago Research & Health Center, Inc.	FL, USA
Previous Relevant Positions Including Academic Appointments:			
<u>Start and End Dates</u>	<u>Title</u>	<u>Institution or Company</u>	<u>Country</u>
07/2012 – 08/2015	Principal Investigator	Palm Springs Research Institute	USA
06/2012 – Present	Interventional osteoarthritis Pain Management Emergency Medicine Board Eligible Physician Primary Care & Urgent Care Physician	Jose F. Cardona, MD, PA	USA
01/2011 – 05/2012	Medical Director, Primary Care Physician, Pain Management Practice	Preventive and Primary Care Medical Center	USA
10/2008 – 01/2011	Medical Director, Primary Care Physician, Pain Management Practice	Arthritis and Pain Clinic	USA
03/1997-09/2008	Vice President Emergency Medicine Physician	Interned Emergency Services, PSC	Puerto Rico
09/1988 -02/1997	Emergency Medicine Department Medical Director Emergency Medicine Physician	HIMA-San Pablo Hospital	Puerto Rico
Brief Summary of Relevant Clinical Research Experience:			
Alzheimer Disease, Asthma, Atherosclerosis, Back Pain, Cardiovascular Disease, Chronic Idiopathic Constipation, Chronic Kidney Disease, Clostridium Difficile, Congestive Heart Failure, Constipation, COPD, Coronary Artery Disease (CAD), Crohn Disease, Cytomegalovirus (CMV), Diabetes Type II, Diabetic Nephropathy, Diabetic Neuropathy, Diabetic Retinopathy, Diarrhea, Dyslipidemia, Endometriosis, Epilepsy, Fatty Liver Disease, Foot Ulcer, Glaucoma, Healthy, Hepatitis C, High Ocular Pressure, Hypercholesterolemia, Hyperlipidemia, Hypertriglyceridemia, Hyperuricemia, Hypogonadism, IBS-C, Influenza/Flu, Intestinal Bowel Syndrome (IBS), Migraine, Nonalcoholic Steatohepatitis (NASH), Obesity, Osteoarthritis, Overactive Bladder, Pneumococcal Disease, Postmenopausal, Prostate Cancer, Psoriasis, Rheumatoid Arthritis, Stroke, Scabies, Vaccines, Women's health.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		25-JUN-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			

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dhm 28 Aug 2020



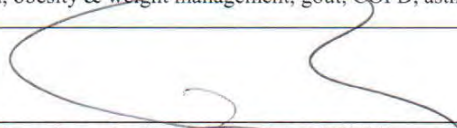
ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Chalhoub	Fadi	Raji
Professional Mailing Address: <i>Clinical Neuroscience Solutions, Inc.</i>			
Street Address 1: 5200 Belfort Road Suite 420		Street Address 2:	
City: Jacksonville	State/Province: Florida	Country: USA	Zip/Postal Code: 32256
Email Address:	fchalhoub@cnshealthcare.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
MD	1987	St. Joseph's Medical School	
Medical License Number	State/Province	Country	
ME82883	Florida	USA	
Current Position at Study Site: <i>Investigator</i>			
Start Date	Title	Institution or Company	State/Province & Country
2012	Investigator	Clinical Neuroscience Solutions, Inc.	Florida/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2001-2012	Hospitalist	Specialty Hospital	USA
2001-2012	Hospitalist	Memorial hospital	USA
2001-2012	Medical Attending	North Florida Medical Association	USA
2010-2012	Medical Attending	Heartland Jacksonville South	USA
Brief Summary of Relevant Clinical Research Experience:			
Investigator on phase II-IV clinical trials in children, adults and geriatrics. Diagnosis include-cardiac disorders. Hypertension, cholesterol, renal failure, respiratory failure, wound care, chronic pain, diabetes, asthma, peripheral vascular disease, neuropathy, stroke, anxiety disorders, attention deficit & disruptive behavior disorders, bipolar disorders, depressive disorders, eating disorders, personality disorders, psychotic disorders, sleep disorders, and substance abuse/dependence disorders.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 14 JAN 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Butuk	First Name David	Middle Name J
Professional Mailing Address			
Street Address: 1525 E. Leigh Field Dr.		Other Street Address: Suite 100	
City: Meridian	State/Province: ID	Country: USA	Zip/Postal Code: 83646
Email Address:		<u>pi@solarisclinicalresearch.com</u>	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Board Certified Family Physician	1998-Present	American Board of Family Practice	
Doctor of Medicine	1993	University of Toronto, School of Medicine	
Medical License Number		State/Province	Country
M-8859		Idaho	USA
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2007	Investigator	Solaris Clinical Research	Idaho / USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2006-Present	Family Physician & Owner	Meridian Family Medicine	USA
2013 – Present	Medical Director	Biolife Plasma Centers	USA
2003-2006	Family Physician & Partner	Cherry Lane Family Practice	USA
1994 – 2003	Family Physician & Partner	Visalia Family Practice	USA
Brief Summary of Relevant Clinical Research Experience:			
13 years of experience as Principal Investigator and owner at current research facility. Have participated as Principal Investigator in over 90 phase 2, 3, & 4 clinical trials with indications for type 2 diabetes, hypercholesterolemia, hypertriglyceridemia, hypertension, erectile dysfunction, obesity & weight management, gout, COPD, asthma, smoking cessation, IBS, and vaccine			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		06-AUG-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Andrew Gentry

Cell/Mobile: 1-406-414-4475

Bozeman Health Clinical Research

931 Highland Boulevard, Suite 3103, Gallatin County
Bozeman , Montana , United States of America , 59715
Email: investigator@bozemanhealth.org

AFFILIATIONS

Facility Name (Department Name)	Facility Address	Department Address
Bozeman Health Deaconess Hospital (Bozeman Health Clinical Research)	915 Highland Boulevard, Bozeman, Montana, United States of America, 59715	931 Highland Boulevard, 3103, Bozeman, Montana, United States of America, 59715

EDUCATION

University	Degree/Certificate	Specialty	Year Completed
Walter Reed National Military Medical Center	Fellowship	Gastroenterology	2008
Naval Medical Center Portsmouth	Residency	Primary Care (General Practice, Family Practice, Internal Medicine)	2005
Naval Medical Center Portsmouth	Internship	Not Applicable	2002
Uniformed Services University of the Health Sciences	MD	Not Applicable	2001
United States Naval Academy	BS	Not Applicable	1990

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Principle Investigator	Bozeman Health Deaconess Hospital d/b/a Bozeman Health Clinical Research	2016	Present
Gastroenterologist	Bozeman Health Deaconess Hospital	2014	Present
Gastroenterologist	Bozeman Health GI Clinic	2014	Present
Division Head Gastroenterology	Naval Medical Center Portsmouth	2010	2014
Staff Gastroenterologist	Navy Medical Center Portsmouth	2009	2010

LICENSE DETAILS

Type of License	License Issuer	Professional License Number	Country	State/Province/Region	Expiration Date
Medical Doctor	Montana Department of Labor & Industry Board of Medical Examiners	MED-PHYS-LIC-26717	United States of America	Montana	31-Mar-2021

RESEARCH EXPERIENCE

Study Type: Academic;Industry;Investigator Initiated
Clinical Study Phases: II,III
Therapeutic Area of Expertise: Digestive System Diseases;Infectious Diseases;Vaccines

TOTAL CLINICAL RESEARCH EXPERIENCE

Therapeutic Area	Sub Therapeutic Area	Number of Completed Studies	Number of Ongoing Studies
Digestive System Diseases	Gastrointestinal Diseases	5	1
Vaccines	Vaccines	0	2
Digestive System Diseases	Inflammatory Bowel Disease	0	1

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Andrew Gentry

Cell/Mobile: 1-406-414-4475

Bozeman Health Clinical Research

931 Highland Boulevard, Suite 3103, Gallatin County
 Bozeman , Montana , United States of America , 59715
 Email: investigator@bozemanhealth.org

GCP TRAINING DETAILS

Course Provider	Course Title	Date Completed (DD- MMM-YYYY)	Status
Pfizer	Good Clinical Practice for Investigational Site Staff - 3.0	21-Feb-2020	Certificate Valid

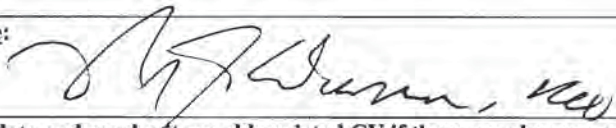
By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature:	Andrew Gentry gentrya_5843 16-JUL-2020 20:02:42 GMT Author of CV
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Dunn	Michael	J
Professional Mailing Address			
Street Address: 10040 Regency Cr Suite 375		Other Street Address:	
City: Omaha	State/Province: NE	Country: USA	Zip/Postal Code: 68114
Email Address:	dunn@qcmaha.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Pre-Medical degree	1960	Creighton University, Omaha NE	
MD	1964	Creighton University, Omaha NE	
Medical License Number	State/Province	Country	
11167	NE	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2006	Investigator	Quality Clinical Research, Inc	Omaha NE, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1968-1970	Instructor	Creighton School of Medicine	USA
1968-2004	MD	Private Practice Internal Medicine	USA
1970-1975	Clinical Professor of Internal Medicine	Creighton University	USA
Brief Summary of Relevant Clinical Research Experience:			
Over fourteen years of experience as a clinical research investigator including all phases and multiple therapeutic areas			
Signature: 		Signature Date: (dd-Mmm-yyyy) 09 JUN 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Middleton	First Name Randle	Middle Name T.
Professional Mailing Address			
Street Address: 2089 Cecil Ashburn Drive		Other Street Address: Suite 203	
City: Huntsville	State/Province: AL	Country: USA	Zip/Postal Code: 35802
Email Address:		rmiddleton@optimalsites.net	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Doctor Of Medicine	1989	University Of Mississippi	
BA, Biological Science	1982	University OF Mississippi	
Medical License Number			
MD18862	Alabama	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
June 2014	Investigator/Medical Director	Optimal Research LLC	AL_USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
02/2005-06/2014	Investigator/Medical Director	Accelovance	USA
01/1999-2/2005	Investigator	Ntouch	USA
97/1992-12-1994	Family Practice Physician	Baynes Jones Army Community Hospital	USA
Brief Summary of Relevant Clinical Research Experience:			
Principal Investigator for 21 years with primary focus on vaccine studies for multiple indications, also general health studies including but not limited to diabetes, IBS, and Hyperlipidemia			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		01 Jun 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Anderson	Corey	G
Professional Mailing Address			
Street Address: 1492 S. Mill Ave. Suite 312		Other Street Address:	
City: Tempe	State/Province: AZ	Country: USA	Zip/Postal Code: 85281
Email Address:	Corey.anderson@amrllc.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Medical Doctorate	1992-1996	Rosalind Franklin University of Science and Medicine	
BSA- Nutrition	1987 -1992	University of Arizona	
Medical License Number	State/Province	Country	
25911	Arizona	USA	
Current Position at Study Site: Investigator			
Start Date	Title	Institution or Company	State/Province & Country
2016	Investigator	Alliance for Multispecialty Research LLC, formerly Clinical Research Consortium	Tempe , AZ
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2013-2014	Chief Executive Officer	Dedicated Clinical Research	USA
2006-2010	Investigator	Dedicated Phase 1, Inc	USA
Brief Summary of Relevant Clinical Research Experience:			
PI conducting clinical research Since 2006 and has the opportunity to work with many different specialty groups, thus providing many therapeutics areas.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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Complion Document ID : 2362393

**This is a representation of an electronic record that was signed electronically.
This page is the manifestation of the electronic signature(s).**

Document Name: Corey Anderson, MD Current Sponsor-Specific CVs updated
institution name "Expires:" 05 Feb 2022
Complion Document ID: 2362393

Statement of Testament: I reviewed the contents of this document
Electronic Signature for: Corey Anderson
Electronically Signed by: corey.anderson@amrllc.com
Date and Time of Signature: 08 Feb 2021 09:59 EST

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Complion Document ID: 2362393



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name	Last Name	First Name	Middle Name
Patel	Suchet	R	
Professional Information			
Street Address 1: Meridian Clinical Research, LLC		Street Address 2: 415 Hooper Road	
City: Endwell	State/Province: New York	Country: USA	Zip/Postal Code: 13760
E-mail		Phone	
Education			
Degree	Year	Institution	
Bachelor of Medicine	1990	BJ Medical College, India	
Bachelor of Surgery	1990	BJ Medical College, India	
Address		Country	
217880-1		USA	
Work Experience			
Year	Title	Institution	Location
2000	Investigator	Meridian Clinical Research, LLC.	NY, USA
Professional History			
Year	Title	Institution	Country
2011 - Present	Lab Director	Endwell Family Physicians	USA
2000 - Present	Physician	Endwell Family Physicians	USA
2000 - Present	Active Staff	Wilson Medical Center	USA
2000 to July 2019	Medical Director	Regional Clinical Research, Inc	USA
1997- 2000	Family Practice Residency	Guthrie Clinic, Robert Packer Hospital	USA
1996 – 1997	Transitional Year Residency	Frankford Hospital	USA
Summary			
Has conducted out-patient clinical research studies for 20 + years in collaboration with countless pharmaceutical companies. Has been an Investigator or Sub Investigator in many trials, with a wide variety of therapeutic indications, including: migraine, diabetes, stress incontinence, osteoarthritis, hypertension, hyperlipidemia, osteoporosis, GERD, COPD, erectile dysfunction, smoking cessation, episodics, weight loss, vaccines, and RSV.			
Signature		Printed Name	
Disclaimer			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES			

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This is a representation of an electronic record that was signed electronically.

This page is the manifestation of the electronic signature(s).

Document Name: Suchet R. Patel, MD Sponsor Current CV 26 Jun 2020

Expires 26 Jun 2022 Archived 26 Jun 2022

Document ID: 1112650

Statement of Testament: I reviewed the contents of this document

Electronic Signature for: Suchet Patel

Electronically Signed by: spatel@rcresearchinc.com

Date and Time of Signature: 29 Jun 2020 12:27 EDT

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Raad	George	L
Professional Mailing Address			
Street Address: 1700 Abbey Place		Other Street Address: Suite 201	
City: Charlotte	State/Province: NC	Country: USA	Zip/Postal Code: 28209
Email Address:	graad@pmg-research.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Board Certification – Family Medicine	1985	American Board of Family Medicine, USA	
Internship/Residency	1982 – 1985	Wake Forest University Baptist Medical Center, USA	
Doctor of Medicine	1982	Medical University of South Carolina, USA	
Bachelor’s Degree	1978	University of South Carolina, USA	
Medical License Number	State/Province	Country	
27283	NC	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1982	Principal Investigator	PMG Research of Charlotte, LLC	Charlotte, NC, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1985 – Present	Medical Doctor	Park Road Medical	USA
1982 – 1985	Internship/Residency	Wake University Baptist Medical Center	USA
Brief Summary of Relevant Clinical Research Experience:			
Acne, Sinusitis, Influenza, Tendonitis, Asthma, Hypercholesterolemia, Hypertension, Alcohol Dependency, Allergies, Atrial Fibrillation, Birth Control, Cardiovascular Disease Prevention, Cholesterol, Chronic Lower Back Pain, Constipation, COPD, Depression, Diabetes, Diabetic Neuropathy, Dyslipidemia, Erectile Dysfunction, Fibromyalgia, Flu Vaccine, Gout, Hypertension, Hormone Replacement Therapy, Irritable Bowel Syndrome, Low Sexual Desire in Females, Rosacea, Nocturia, Migraines, OA of Knee & Hip, Obesity, Osteoarthritis, Pneumonia Vaccine, Myocardial Infarction, Prostate Cancer Chemoprevention, Constipation, Epilepsy, GERD, Hot Flash, Hypoactive Sexual Desire Disorder, Low Testosterone, Osteoporosis, Overactive Bladder, Parkinson’s Disease, Rheumatoid Arthritis, Urinary Incontinence, Vaginal Atrophy, Vaginitis, Alzheimer’s Disease			
Signature: 		Signature Date: (dd-Mmm-yyyy) 08-June-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE



Name: Sylvia Plqueras Shoffner, MD
 Professional Title: Investigator
 Organization: Raleigh Medical Group, PA
 Address1: 3521 Haworth Drive
 Address2: Raleigh, NC 27609 USA
 E-Mail: sshoffner@carymedicalgroup.com

Main Daytime Phone: 919.342.3447
 24 Hour Phone: 919.342.3447
 Fax: 919.342.3422

VC 29 JUN 2020

AFFILIATIONS

Facility Name	Facility Address
Raleigh Medical Group, PA	3521 Haworth Drive Raleigh, NC 27609
PMG Research of Raleigh, LLC d/b/a PMG Research of Cary	530 New Waverly Place, Suite 200A Cary, NC 27518

Education

University/School/Program	Degree/Certificate	Specialty	Year Completed
University of North Carolina School of Medicine, NC USA	Intern/Residency	Internal Medicine	1998
University of North Carolina, NC USA	MD	N/A Cam 04 JUN 2020	1995
North Carolina State University, NC USA	BA	Zoology	1991

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Physician	Raleigh Medical Group, PA	2001	Present
Investigator	PMG Research of Raleigh, LLC d/b/a PMG Research of Cary	2005	Present
Investigator	Multi-Specialty Research Associates of NC	2001	2005
Physician	Nashville Memorial Hospital, Skyline Medical Center	1999	2001

Type of License	License Issuer	Professional License Number	Country	State, Province or Region
Medical	NC Medical Board	9700397	USA	NC
DEA - Schedules 2, 2N, 3, 3N, 4, 5	US Department of Justice	BS6087337	USA	NC

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ABBREVIATED CURRICULUM VITAE (continued)

Name: Sylvia Piqueras Shoffner, MD



RESEARCH EXPERIENCE

Study Type (Check all that apply):

- Academic
- Industry
- Investigator-Initiated
- Government
- Other / Please Specify:

Clinical Study Phases (Check all that apply) I II III IV

Therapeutic Areas of Expertise:

Therapeutic Area	Therapeutic Area
Internal Medicine	Vaccines
Womens' Health	Cardiovascular

Total Clinical Research Experience: Total Number of completed studies: 175+

Therapeutic Area	Therapeutic Area	Therapeutic Area	Therapeutic Area
AK Lesions	Asthma	Axillary Hyperhidrosis	Bacterial Vaginosis
Birth Control	Celiac Disease	Chronic Pain	Clostridium difficile Vaccine
Constipation	Diabetes	Dyslipidemia	Ebola Vaccine
Elevated C-Reactive Protein	Erectile Dysfunction	Gout	Herpes Zoster Vaccine
H1N1 Vaccine	Hormone Replacement	Hypercholesterolemia	Hypertension
Influenza Vaccine	Migraine	Obesity	Osteoarthritis
Overactive Bladder	Pneumonia Vaccine	Psoriasis	RSV Vaccine
Smoking Cessation	Staphylococcus Aureus Vaccine	Statin-Related Myalgia	Tinnitus
Ulcerative Colitis	Menopausal Vasomotor Symptoms	Meniere's Disease	Post Hepatic Neuralgia
Prostate Cancer Prevention	Hypertriglyceridemia	GERD	Polycystic Ovary Syndrome

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Date Completed
CITI Program	GCP for Clinical Trials with Investigational Drugs and Biologics	2019
Reviewed ICH Harmonized Guideline Step 4 Version 09 NOV 2016	ICH E6 R2 Addendum	2017

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature:  Date: 16 JAN 2020

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Butcher	Michael	Bain
Professional Mailing Address			
Street Address: Sterling Research Group, Ltd. 2230 Auburn Avenue, Level B		Other Street Address:	
City: Cincinnati	State/Province: OH	Country: USA	Zip/Postal Code: 45219
Email Address:	yyu. @erQs.erlingresear@torg		
A@demi/ ualifi@.ions:			
Degree and(or Cer.ifi@.ion	Da.e)bbbbS	Ins.i.u.ion and(or Coun.rb	
M.F.A.	2006	New York Academy – USA	
M.D.	1995	University of Cincinnati College of Medicine – USA	
B.S. in Biology	1990	Davidson College – USA	
Medi@l Li@nse Numyer			
v.a.e(Propin@		Coun.rb	
OH		USA	
Curren. Posi.ion a. v.udb vi.e:			
v.ar. Da.e	Ti.le	Ins.i.u.ion or Com&nb	v.a.e(Propin@ h Coun.rb
2017-Present	Investigator	Sterling Research Group, Ltd.	OH – USA
Prepious Relepan. Posi.ions In@ding A@demi@A&&oin.men.s:			
v.ar. and End Da.es	Ti.le	Ins.i.u.ion or Com&nb	Coun.rb
2014 – Present	Associate Professor	University of Cincinnati – College of Medicine & DAAP	USA
2012 – 2014	Adjunct Faculty – Fine Arts	Maryville College	USA
2007 - 2011	Painting & Drawing Instructor	University of Tennessee	USA
2006 – Present	Independent Painting & Drawing Instructor	Bain Butcher Studio	USA
Brief vummarb of Relepan. Clini@l Resear@ Ex&erien@:			
3 years' experience in clinical research as a Principal Investigator primarily in the areas of vaccine, pain, weight loss, internal medicine			
vigna.ure:		vigna.ure Da.e:)dd-Mmm-bbbbS	
I will u&da.e and resuyimi. mb ayyrepi.a.ed CV if .cere are @anges and &ar.i@larlb if .cere is anb @ange in s.a.us wci@ would adperselb affe@ .ce assessmen. of mb sui.ayili.b.o @ndu@(&ar.i@&a.e in @ini@l s.udiest			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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This page is the manifestation of the electronic signature(s).**

Document Name: C4591001 Auburn Butcher, Bain Study Specific CV 28 May 2020 28 May 2022
Document ID: 1028148

Statement of Testament: I approved the contents of this document
Electronic Signature for: Bain Butcher
Electronically Signed by: bbutcher@sterlingresearch.org
Date and Time of Signature: 29 May 2020 11:31 EDT

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Dr. William Smith

PI

New Orleans Center for Clinical Research
(NOCCR)/Alliance for Multispecialty Research

1928 Alcoa Highway, Suite 107

Knoxville , Tennessee , United States of America , 37920

Email: william.smith@amrlc.com

Main/Daytime: 865-305-9100 x246

Cell/Mobile (b) (6)

24 Hour: 865-305-9100

Fax: 865-305-2005

AFFILIATIONS

Facility Name (Department Name)	Facility Address	Department Address
New Orleans Center for Clinical Research	1928 Alcoa Highway, Suite 107, Knoxville, Tennessee, United States of America, 37920	Not Applicable

EDUCATION

University	Degree/Certificate	Specialty	Year Completed
Universidad Autonoma de Guadalajara	MD	Not Applicable	1974
University of Tennessee	BS	Not Applicable	1970

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
CEO	Alliance for Multispecialty Research, LLC, TN, USA	2017	Present
President	New Orleans Center for Clinical Research-Knoxville, TN, USA	2005	Present
President	New Orleans Center for Clinical Research-NOLA, USA	1994	Present
President	Volunteer Research Group, TN, USA	1993	Present

LICENSE DETAILS

Type of License	License Issuer	Professional License Number	Country	State/Province/Region	Expiration Date
Medical Doctor	State of Tennessee	9963	United States of America	Tennessee	30-Jun-2021

RESEARCH EXPERIENCE

Study Type: Industry
Clinical Study Phases: I,II,III,IV
Therapeutic Area of Expertise: Cardiovascular Diseases

GCP TRAINING DETAILS

Course Provider	Course Title	Date Completed (DD- MMM-YYYY)	Status
CITI Program	GCP for Clinical Trials with Investigational Drugs - Multimodule	03-Mar-2017	Certificate Valid

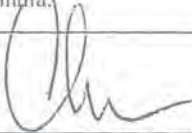
By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature:	Dr. William Smith smithw_7134 07-JUL-2020 15:01:46 GMT Author of CV
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name <i>if applicable</i>
	Chu	Laurence	
Professional Mailing Address:			
Street Address 1: 3100 Red River St. Suite 2		Street Address 2:	
Austin	TX	Country :USA	Zip/Postal Code:78705
Email Address:		laurencechu@benchmarkresearch.net	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Certified Principal Investigator	2012	Association of Clinical Research Professionals. TX, USA	
Flight Surgeon	1995	USAF School of Aerospace Medicine. TX, USA	
Residency Program	1993	Emory University. GA. USA	
Chief Resident	1993	Emory University. GA. USA	
MD degree	1988	Boston University School of Medicine. Boston. USA	
Medical License Number	State/Province	Country	
L8310	TX	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2006	Principal Investigator	Benchmark Research	TX/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2004-Present	Owner, Private Practice	Laurence Chu, MD	USA
1996-2000	ENT specialist	Ear, Nose & Throat Specialist of Middletown, Inc.	USA
1993-1996	United States Air Force, Honorable Discharge Otolaryngologist-Head & Neck Surgeon	US Air Force	USA
Brief Summary of Relevant Clinical Research Experience:			
Trials with indications such as Pre-Diabetes, Smoking Cessation, Influenza Vaccine (multiple trials) for pediatrics and adults, Staph Vaccine, RSV Vaccine, C. difficile Vaccine, Pneumonia Vaccine, Toenail Onychomycosis, Chronic Low Back pain, Migraines, Seasonal Allergies, Common Cold and Insomnia.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		28 MAY 2019	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			



ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Denham, DO, CPI	Douglas	Scott
Professional Mailing Address:			
Street Address 1: Clinical Trials of Texas, Inc.		Street Address 2: 5430 Fredericksburg Rd., Suite 200	
City: San Antonio	State/Province: TX	Country: USA	Zip/Postal Code: 78229
Email Address:		<u>ddenham@cttexas.com</u>	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Certified Physician Investigator	2009-Current	Academy of Pharmaceutical Physicians and Investigators, Affiliate of the Association of Clinical Research Professionals, USA	
Board Certified, Family Practice	1992	American Board of Family Practice, USA	
Intern/Residency, Family Practice	1989-1992	University of Texas at San Antonio Health Science Center, San Antonio, Texas USA	
Doctor of Osteopathic Medicine	1985-1989	Texas College of Osteopathic Medicine, Fort Worth, Texas USA	
Medical License Number	State/Province	Country	
H7995	Texas	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2010 – Present	Medical Director	Clinical Trials of Texas, Inc.,	Texas/ USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008 – 2010	Director of Medical Affairs/ Primary Investigator	Cetero Research, Inc.	San Antonio, TX - USA
2006 – 2008	Director of Medical Affairs/ Sub- Investigator	Cetero Research, Inc.	San Antonio, TX - USA
2002 – Present	Medical Director (PT)	ABC Family Medicine	San Antonio, TX - USA
2001 – 2002	Staff Physician	NFR Medical PR	San Antonio, TX - USA
Brief Summary of Relevant Clinical Research Experience:			
Served as Investigator on over 300 Phase I-IV clinical research studies to include:			
Diabetes Type I and II	Psoriasis	Collection studies	Rosacea
Healthy Subject Vaccine	Vulvovaginal Candidiasis	Growth Hormone Deficiency	Overactive Bladder
NASH	NAFDL	Hypogonadism	Crohn's Disease
Endometriosis	Alzheimer's	Coronary Artery Disease	Bipolar
Anxiety	Osteoarthritis	ADHD	P MDD
Acne	Hypoparathyroidism		Device Studies
			Asthma
			Migraine
			Celiac Disease
			Epilepsy
Signature: 		Signature Date: (dd-Mmm-yyyy) 15 Apr 2019	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Fuller	Gregory	M
Professional Mailing Address			
Street Address: 300 N. Rufe Snow Dr.		Other Street Address:	
City: Keller	State/Province: TX	Country: USA	Zip/Postal Code: 76248
Email Address:		gregoryfuller. @nca@aresearch /Om	
Academic Qualifications:			
Degree and/or Certification	Date yyyyS	Institution and/or Country	
Residency/Chief Resident – Family Medicine	1990	Goppert Family Care Center, USA	
Doctorate of Medicine	1987	University of Arkansas College of Medicine, USA	
Bachelors of Arts, Chemistry	1982	Baylor University, USA	
Medical License Number	State/Province	Country	
H8646	Texas	USA	
Current Position and Primary Site:			
Start Date	Title	Institution or Company	State/Province and Country
Dec 2017	Principal Investigator	Ventavia Research Group, LLC	TX, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1991 – 1995	Principal Investigator	North Hills Family Medicine (Research)	USA
1990 – Present	Physician	North Hills Family Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
<p>Growth and Tolerance of Young Infants Fed Milk-Based Infant Formula with Oligosaccharides; A Parallel Group, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Eptinezumab Administered Intravenously in Subjects Experiencing An Acute Attack of Migraine; A Phase 3, Multicenter, Randomized, Double-blind, Active-Comparator-controlled Study to Evaluate the Safety, Tolerability, and Immunogenicity of a 4-dose Regimen of V114 in Healthy Infants (PNEU-PED); A Phase 3, Randomized, Open-Label Trial to Evaluate the Safety and Immunogenicity of A 20-Valent Pneumococcal Conjugate Vaccine in Adults with Prior Pneumococcal Vaccination A Phase 3, Randomized, Double-Blind Trial to Evaluate the Safety and Immunogenicity of A 20-Valent Pneumococcal Conjugate Vaccine in Pneumococcal Vaccine-Naïve Adults 18 years of Age and Older; A Phase 3, Randomized, Observer-Blind, Multicenter, Noninferiority Study to Evaluate Safety and Immunogenicity of a Cell-Based Quadrivalent Subunit Influenza Virus Vaccine (QIVc) and a United States Licensed Quadrivalent Influenza Virus Vaccine (QIV) in Healthy Subjects 6 Months Through 47 Months; An Assessment of the Safety of Pediatric Ibuprofen; A Phase IIIB FDA Study Jan 1995. XXX-XX Nasal Spray Study; A Phase IV Study to Evaluate the Efficacy of a Second Sumatriptan Succinate Tablet (25mg or 50mg in the Acute Treatment of Migraine); A Phase III Comparative Study of XXX vs. XXX in the Treatment of Community Acquired Pneumonia; A Phase III Study to Compare the Safety of XXX with Ibuprofen for the Long-Term Treatment of Osteoarthritis; A Phase III Comparison and Efficacy of XXX 400mg a day for 10 days vs. XXX 500mg BID for the Treatment of Patients with Community Acquired Pneumonia A Phase IV Efficacy of XXX for IBS; A Phase 2, Randomized, Open-Label Trial to Evaluate the Safety and Immunogenicity of a Multivalent Pneumococcal Conjugate Vaccine Given With, Or Separately From, 13-Valent Pneumococcal Conjugate Vaccine in Healthy Infants;</p>			
Signature:		Signature Date: hdd-Mmm-yyyyS	
<p>I will update and resubmit my avve@aced CV if ct ere are Q anges and &arciQularly if ct ere is any Q ange in scacus wt iQ would ad@rsely affeQ ct e assessment of my suicavily co Q onduQ @&arciQ &ace in Q iniQ l studies/</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

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**This is a representation of an electronic record that was signed electronically.
This page is the manifestation of the electronic signature(s).**

Document Name: Gregory Fuller Pfizer CV Current CV 21 May 2020 Expired
20 May 2021
Document ID: 1011004

Statement of Testament: I approved the contents of this document
Electronic Signature for: Gregory Fuller
Electronically Signed by: gregoryfuller@ventaviaresearch.com
Date and Time of Signature: 22 May 2020 09:50 CDT

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ABBREVIATED CURRICULUM VITAE

Name: Kevin Dougherty Cannon, MD
 Professional Title: Investigator
 Organization: Wilmington Health, PLLC
 Address 1: 1202 Medical Center Drive
 Address 2: Wilmington, NC 28401
 E-Mail: kevin.cannon@accellacare.com

Main Daytime Phone: 910-799-5500
 24 Hour Phone: 910-799-5500
 Fax: 910-799-1002

AFFILIATIONS

Facility Name	Facility Address
PMG Research of Wilmington, LLC	1202 Medical Center Drive, Wilmington, NC 28401
PMG Research of Wilmington, LLC	1222 Medical Center Drive, Wilmington, NC 28401
PMG Research of Wilmington, LLC	1907 Tradd Court, Wilmington, NC 28401
PMG Research of Wilmington, LLC	1915 Tradd Court, Wilmington, NC 28401
PMG Research of Wilmington, LLC	1917 Tradd Court, Wilmington, NC 28401
PMG Research of Wilmington, LLC	2421 Silver Stream Lane, Wilmington, NC 28401
PMG Research of Wilmington, LLC	6781 Parker Farm Drive, Wilmington, NC 28405
PMG Research of Wilmington, LLC	8090 Market Street, Wilmington, NC 28411
PMG Research of Wilmington, LLC	8115 Market Street, Wilmington, NC 28411
PMG Research of Wilmington, LLC	1124 Gallery Park Blvd., Wilmington, NC 28412
Wilmington Health, PLLC	1202 Medical Center Drive, Wilmington, NC 28401
New Hanover Regional Medical Center	2131 S 17 th St. Wilmington, NC 28401

Education

University/School/Program	Degree/Certificate	Specialty	Year Completed
Medical College of Virginia, Richmond, VA	Internship/Residency	Internal Medicine	2001
Medical College of Virginia, Richmond, VA	Medical	Internal Medicine	1997
University of Notre Dame, South Bend, IN	BS	Biology	1992

PROFESSIONAL EXPERIENCE

Job Title	Institution	Year Started	Year Completed
Investigator	PMG Research of Wilmington, LLC Wilmington, NC USA	2009	Present
Medical Doctor	Wilmington Health, PLLC Wilmington, NC USA	2001	Present

Type of License	License Issuer	Professional License Number	Country	State, Province or Region
Medical	NC Medical Board	200100520	USA	North Carolina
DEA Schedules 2N, 3, 3N, 4, 5 (Researcher II-V)	DEA	RC0519720	USA	North Carolina
DEA Schedules 2, 2N, 3, 3N, 4, 5 (Practitioner)	DEA	BC7296191	USA	North Carolina
DHHS Schedules 2, 2N, 3, 3N, 4, 5 (Researcher)	DHHS	NC-PK 0000 5505	USA	North Carolina

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ABBREVIATED CURRICULUM VITAE (continued)

Name: Kevin Dougherty Cannon, MD



RESEARCH EXPERIENCE

Study Type (Check all that apply):

- Academic
- Industry
- Investigator-Initiated
- Government
- Other / Please Specify:

Clinical Study Phases (Check all that apply) I II III IV

Therapeutic Areas of Expertise:

Therapeutic Area	Therapeutic Area
Internal Medicine	Infectious Disease
Urology	Women's Health
Cardiology	Gastroenterology
Neurology	Vaccine
Dermatology	Musculoskeletal
Endocrinology	Rheumatology
Epidemiology & Preventive Medicine	Pulmonology

Total Clinical Research Experience: 100+

Total Number of completed studies: 65

Therapeutic Area	Therapeutic Area	Therapeutic Area	Therapeutic Area
Diabetes Type 2	Weight Loss	Vitiligo	COPD
Influenza Vaccine	RSV Vaccine	Hidradentis Suppurativa	Rheumatoid Arthritis
Overactive Bladder (OAB)	Hypercholesterolemia	Atopic Dermatitis	COVID-19 Vaccine Trials
Chronic Back Pain	Acute Influenza	Urinary Incontinence	
C-Diff Vaccine	Hypertension	Hot Flashes	
CMV Vaccine	Pneumococcal Vaccine	Diabetic Gastrophoresis	
Osteoarthritis	Hyperlipidemia	Zoster Virus	
Sarcopenia	Erectile Dysfunction	Iron Deficiency Anaemia	
Migraine	Gout	Diarrhea-IBS (IBS-D)	
Device Trials	Smoking Cessation	Liver Cancer detection through cfDNA Methylation in Blood Samples	

Good Clinical Practice (GCP) Training Details:

Training Provider	Title of Training	Date Completed
CITI	GCP	28Feb2020



By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature:  Date (DD/MM/YYYY): 11-MAR-2021

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Cannon	First Name Kevin	Middle Name Dougherty
Professional Mailing Address			
Street Address: 1202 Medical Center Drive		Other Street Address:	
City: Wilmington	State/Province: North Carolina	Country: USA	Zip/Postal Code: 28401
Email Address:	kcannon@pmg-research.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Board Certification – American Board of Internal Medicine	2001-continues as required	American Board of Internal Medicine	
Internship/Residency: Department of Internal Medicine/Pediatrics Combined	1997-2001	Medical College of Virginia Richmond, VA USA	
Medical Doctor	1993-1997	Medical College of Virginia Richmond, VA USA	
Bachelor of Science, Biology	1988-1992	University of Notre Dame South Bend, Indiana USA	
Medical License Number	State/Province	Country	
200100520	North Carolina	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2009	Investigator	PMG Research of Wilmington, LLC	North Carolina/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2001-Present	Hospitalist	Wilmington Health, PLLC	USA
Brief Summary of Relevant Clinical Research Experience:			
Conducted more than 100 trials as Principal Investigator and/or Sub Investigator from 2009 to present, including but not limited to trials in the following areas: Deep Vein Thrombosis, Type 2 Diabetes Mellitus, Obesity, Psoriasis, Hypertension, High Cholesterol, Smoking Cessation, Peripheral Artery Disease, Osteoarthritis, Migraine, Flu Vaccine, C-Diff Vaccine, RSV Vaccine, CMV Vaccine, COPD, Sarcopenia, etc			
Signature:		Signature Date: (dd-Mmm-yyyy)	
			
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Earl	John	Keith
Professional Mailing Address:			
Street Address: 221 13 th Avenue PI NW		Other Street Address: Suite 201	
City: Hickory	State/Province: NC	Country: USA	Zip/Postal Code: 28601
Email Address:		jearl@pmg-research.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Family Practice-Board Certified	2003	American Board of Family Medicine, USA	
Doctor of Medicine	1972	University of Oklahoma School of Medicine, USA	
Bachelor of Science-Zoology	1968	University of Oklahoma, USA	
GCP	2020	CITI Good Clinical Practices Training, USA	
Medical License Number	State/Province	Country	
20785	NC	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1996	Principal Investigator	PMG Research of Hickory, LLC	NC, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1996-Current	Principal Investigator	PMG Research of Hickory	USA
1976-2016	Medical Director	Hickory Family Practice	USA
1974-1976	Medical Doctor	University of Virginia	USA
1972-1973	Resident Intern	University of Oklahoma School of Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
Has conducted more than 375 trials as a Principal Investigator and/or Sub-Investigator from 1996-present, including but not limited to the following areas: Chronic Bronchitis, Type I Diabetes, Type II Diabetes, GERD, Heartburn Hypertension, Insomnia, IBS, Mixed Dyslipidemia, Obesity, Acne, Psoriatic Arthritis, and Pain from Herpes Zoster, Vaccine studies, Women's Health, etc.			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		20 JUL 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Farrington, Jr.	Cecil	Murray
Professional Mailing Address			
Street Address: : 410 Mocksville Avenue		Other Street Address:	
City: Salisbury	State/Province: NC	Country: USA	Zip/Postal Code: 28144
Email Address:	cmfarrington@pmg-research.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Bachelor of Science	1968	North Carolina State University, NC – USA	
MD	1972	University of North Carolina at Chapel Hill, NC - USA	
Medical License Number	State/Province	Country	
17954	North Carolina	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2002	Investigator	PMG Research of Salisbury, LLC	NC, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1978-2013	Medical Doctor	Farrington Family Medical Center	USA
2013-Present	Medical Doctor	Novant Health Farrington Family Medicine	USA
Brief Summary of Relevant Clinical Research Experience:			
<p>Dr. Farrington has 18 years of experience in clinical trials in the following therapeutic areas:</p> <p>Acne, COPD, Type 2 Diabetes, Hypercholesterolemia, Hyperlipidemia, Influenza A Treatment, Zoster Vaccine, Diabetes/HTN combo, Erectile Dysfunction, Erosive Esophagitis, Hypertension, GERD, Gout, NSAID associated Ulcers, Irritable Bowel Syndrome, Iron Deficiency, Osteoarthritis, Heartburn, Overactive Bladder, Rosacea, BPH, Birth Control, Celiac Disease, Chronic Insomnia, Crohn’s Disease, CV Events, Post MI, Psoriatic Arthritis – Joint Accessor, Idiopathic Constipation, Pneumonia Vaccine, Nocturia BPH, Onychomycosis/Toe Nail Fungus, Rheumatoid Arthritis – Joint Accessor, Tinea Pedis, Acute Otitis Media, Ankle Sprain, Obesity, C-Diff Vaccine, Common Warts, Meningitis Vaccine, Prostate Cancer</p>			
Signature:		Signature Date: (dd-Mmm-yyyy)	
			
<p>I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.</p>			
<p>NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.</p>			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Cohen	Lisa	Mauri
Professional Mailing Address:			
Street Address 1: 3100 Duralcigh Road		Street Address 2: Suite 304, 303 <i>DR 28 Jan 2021</i>	
City: Raleigh	State/Province: NC	Country: USA	Zip/Postal Code: 27612
Email Address: <i>LCOHEN@wakeresearch.com DR 28 Jan 2021</i>			
Academic Qualifications: DO			
Degree and/or Certification	Date (yyyy)	Institution and Country	
Bachelor of Arts Sociology	1985	State University of New York, USA	
D.C. Chiropractic Medicine	1989	Life Chiropractic College, USA	
D.O Osteopathic Medicine	1995	NY College of Osteopathic Medicine	
Medical License Number			
2017-02297		State/Province: North Carolina	Country: USA
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2017	Clinical Research Investigator	M3 Wake Research, Inc.	NC, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2001-2017	CLinical Research Investigator/Medical Director	Suncoast Clinical Research, Inc.	USA
2000-2000	Physician for Osteoporosis Screening	Alliance of Home Care Physicians	USA
1998-2000	Senior Staff Physician-Family Practice	Henry Ford Hospital System	USA
Brief Summary of Relevant Clinical Research Experience:			
Has conducted clinical research for 17 years as a principal and sub-investigator on study in dermatology, kidney disease, GI studies, diabetes, depression, osteoporosis, women's health, vaccines, allergies, and more			
Signature: <i>Lisa M Cohen DO</i>		Signature Date: (dd-Mmm-yyyy) <i>23-MAY-2018</i>	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION CONTAINED IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. MULTI-PAGE CVS ARE NOT ACCEPTABLE. DO NOT INCLUDE ATTACHMENTS, AND TEXT ON THE REVERSE SIDE.			

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Legal Name:	Last Name	First Name	Middle Name
	Harper	Wayne	Lee
Professional Mailing Address:			
Street Address 1: 3100 Duraleigh Road		Street Address 2: Suites 303, 304	
City: Raleigh	State/Province: NC	Country: USA	Zip/Postal Code: 27612
Email Address:		wharper@wakeresearch.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and Country	
Internal Medicine Certificate	1981	American Board of Internal Medicine, USA	
M.D.	1978	Duke University School of Medicine, USA	
B.S.	1974	Duke University, USA	
Medical License Number			
24076		State/Province NC	Country USA
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
1994	Principal Investigator	M3 Wake Research, Inc.	NC/USA <i>AK 15 June 2020</i>
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1994 – Present	Physician Investigator	M3 Wake Research, Inc.	USA
1989 – 2016	Active Physician	Wake Internal Medical Consultants, Inc.	USA
1999 – 2001	Credential Committee Member	Rex Hospital	USA
1997 – 2000	Teaching Assistant	Duke University School of Medicine	USA
1994-1995	Secretary and Treasurer of Medical Executive Committee	Rex Hospital	USA
1989 -2016	Internal Medicine Staff	Rex Hospital	USA
Brief Summary of Relevant Clinical Research Experience:			
Has conducted clinical research for 25 plus years as a principle investigator on 200 plus studies investigating OA, RA, osteoporosis, diabetes, gout, fibromyalgia, insomnia, smoking cessation, hypertension, obesity, weight loss, pain, men and women's health, and more.			
Signature: <i>Wayne L Harper MD</i>		Signature Date: (dd-Mmm-yyyy) <i>31 July 2018</i>	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Arora	Samir	n/a
Professional Mailing Address			
Street Address: 99 N. Brice Rd, Suite 260		Other Street Address:	
City: Columbus	State/Province: OH	Country: USA	Zip/Postal Code: 43213
Email Address:		Sarora@aventivresearch.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Medical Doctorate (MD)	1997	Hamot Medical Center, India	
Rotating Internship	1992	Kasturba Hospital, India	
MBBS Degree	1991	Kasturba Hospital, India	
Medical License Number			
35.080152	Ohio	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
04/2015	President, Medical Director, PI	Aventiv Research Inc	Ohio, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
04/2007 – 04/2015	President, Medical Director, PI	Columbus Clinical Research	Ohio, USA
2007-2013	Primary Care Physician	Pentagon Primary Care	Ohio, USA
Brief Summary of Relevant Clinical Research Experience:			
Mild to Very Severe COPD (Phase I-IV), Hypertension (Phase II-IV), Type 2 Diabetes (Phase I-IV), Asthma (Phase II/III), Osteoarthritis (Phase II/III), Opioid Induced Constipation (Phase II), Hyperlipidemia (Phase II/III), Hypogonadism (Phase I-III), Type 1 Diabetes (Phase II-III); Tobacco Cessation (Phase I)			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		03-JUN 2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Davit	First Name Rajesh	Middle Name Kumar
Professional Mailing Address			
Street Address: Sterling Research Group, Ltd. 375 Glensprings Drive, 2 nd Floor		Other Street Address: N/A	
City: Cincinnati	State/Province: OH	Country: USA	Zip/Postal Code: 45246
Email Address:	rdayi. @s. erlingresearcQorg		
Academic / ualifica. ions:			
Degree and(or Cer. ifica. ion	Da. e)bbbbS	Ins. i. u. ion and(or Coun. rb	
Doctor of Medicine	2002	St. Eustatius University, School of Medicine – UK	
B.S. in Podiatry	1997	University of Wales, Institute Cardiff – UK	
Medical License Numver	p. a. e(Province	Coun. rb	
35.090620	OH	USA	
Curren. Posi. ion a. p. udb pi. e:			
p. ar. Da. e	Ti. le	Ins. i. u. ion or Com&nb	p. a. e(Province h Coun. rb
2012	Investigator	Sterling Research Group, Ltd.	OH – USA
Previous Relevan. Posi. ions Including Academic A&&oin. men. s:			
p. ar. and End Da. es	Ti. le	Ins. i. u. ion or Com&nb	Coun. rb
2008 – Present	Family Physician	Mercy Health Physicians	USA
2008 – Present	Emergency Physician	Fort Hamilton Hospital	USA
2007 – Present	Peer / Medical Reviewer	Journal of Urgent Care Medicine	USA
2005 - 2008	Family Medicine Residency	Greenville Hospital System University Medical Center	USA
Brief pummarb of Relevan. Clinical ResearcQEx&erience:			
19 years' clinical research experience as a Principal and or Sub-Investigator primarily in the areas of vaccine, dermatology, arthritis, pain, anti-infective, device, heart failure & weight loss, hyperlipidemia, hypertension, diabetes.			
pigna. ure:		pigna. ure Da. e:)dd-Mmm-bbbbS	
I will u&da. e and resuvmi. mb avvreyia. ed CV if .Qere are cQanges and &ar. icularlb if .Qere is anb cQange in s. a. us wQcQwould adyerselb affec. .Qe assessmen. of mb sui. avili. b. o conduc. (&ar. ici&a. e in clinical s. udiest			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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Document Name: C4591001 Springdale Davit, Rajesh Study Specific CV 22
Jun 2020 22 Jun 2022
Document ID: 1092649

Statement of Testament: I approved the contents of this document
Electronic Signature for: Rajesh K Davit
Electronically Signed by: rdavit@sterlingresearch.org
Date and Time of Signature: 23 Jun 2020 08:53 EDT

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ABBREVIATED CURRICULUM VITAE TEMPLATE

N

Full Name:	Last Name Ensz	First Name David	Middle Name Jon
Professional Mailing Address			
Street Address: 4802 Sunnybrook Drive		Other Street Address:	
City: Sioux City	State/Province: IA	Country: USA	Zip/Postal Code: 51106
Email Address:	ensz@mcrmed.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Family Practice	2008	University of Nebraska Medical Center / USA	
Doctor of Medicine	2005	University of Nebraska Medical Center / USA	
Bachelor of Science	2001	Wayne State College / USA	
Medical License Number			
	State/Province	Country	
7873	SD	USA	
23832	NE	USA	
MD-38811	IA	USA	
FE2331685	National	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2010	Principal Investigator	Meridian Clinical Research, LLC	IA / USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2010 – Present	Principal Investigator	Meridian Clinical Research, LLC	USA
2006 – Present	Sub-Investigator	Meridian Clinical Research, LLC	USA
Brief Summary of Relevant Clinical Research Experience			
Endocrinology- Diabetes Mellitus Type I & Type II		Genitourinary- Overactive Bladder, Nocturia	
Dermatologic- Acne Vulgaris		Respiratory- Asthma, COPD	
Gastrointestinal- Irritable Bowel Syndrome C & D, GERD		Cardiovascular- Hypertension	
Healthy Adult & Pediatric Vaccine Trials		Healthy Adult Trials	
Infectious- Herpes Simplex Labialis, Common Cold Syndrome		Neuropathic- Migraines, Restless Leg	
Musculoskeletal- Fibromyalgia, Chronic Lower Back Pain, Osteoarthritis			
Signature:		Signature Date: (dd-Mmm-yyyy)	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p><i>OTE: HEI SCVMUBCEL: DSUSE: F ET EI : SORTPUAESTO SO EI SCE: U- DAE: RTP SOVDBCSTO SO EI : SVI 3 Y VTU- DSAOE VDSOSVADCEBF. P: - TPENALLP: MSAE: F VMCAVAL: OT UTP: EI AO Y- AG: C, FT OTE SOVDBF: AEEAVI U: OECTP E: XE TO P: M PC: - AG: CN</i></p>			

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Document Name: David Jon Ensz, MD Pfizer One Page Current CV 09 Nov 2020 Expires 09 Nov 2022 Archived
Complion Document ID: 1789241

Statement of Testament: I approved the contents of this document
Electronic Signature for: David Ensz, MD
Electronically Signed by: ensz@mcrmed.com
Date and Time of Signature: 10 Nov 2020 12:00 CST

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Complion Document ID: 1789241



ABBREVIATED CURRICULUM VITAE TEMPLATE

N

Full Name:	Last Name Ensz	First Name David	Middle Name Jon
Professional Mailing Address			
Street Address: 330 Dakota Dunes Blvd.		Other Street Address: Suite 400	
City: Dakota Dunes	State/Province: SD	Country: USA	Zip/Postal Code: 57049
Email Address:	ensz@mcrmed.com		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Family Practice	2008	University of Nebraska Medical Center / USA	
Doctor of Medicine	2005	University of Nebraska Medical Center / USA	
Bachelor of Science	2001	Wayne State College / USA	
Medical License Number			
State/Province		Country	
7873		South Dakota USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2010	Principal Investigator	Meridian Clinical Research, LLC	SD / USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2010 – Present	Principal Investigator	Meridian Clinical Research, LLC	USA
2006 – Present	Sub-Investigator	Meridian Clinical Research, LLC	USA
Brief Summary of Relevant Clinical Research Experience			
Chronic Pain – Fibromyalgia, Chronic Lower Back Pain		Healthy Adult Vaccine Trials	
Endocrine – Diabetes Mellitus Type I, Diabetes mellitus Type II		Pediatric Vaccine Trials	
Gastrointestinal – Irritable Bowel Syndrome, Constipation		Migraine	
Infectious – Herpes Labialis, Common Cold		Dermatologic - Acne	
Signature:		Signature Date: (dd-Mmm-yyyy)	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
<p><i>OTE: HEI SCVMUBCEL: DSUSE: F ET EI : SORTPUAESTO SO EI SCE: U - DAE: RTP SOVDBCSTO SO EI : SVI 3 Y VTU - DSAOE VDSOSVADCEBF. P: - TPENALLP: MSAE: F VMCVAOL: OT UTP: EI AO Y- AG: C, FT OTE SOVDBF: AEEAVI U: OECTP E: XE TO P: M PC: - AG: CN</i></p>			

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This page is the manifestation of the electronic signature(s).**


Document Name: David Jon Ensz, MD Pfizer One Page Current CV 15 Apr 2020 Expires 15 Apr 2022 Archived 15 Apr 2022
Document ID: 888496

Statement of Testament: I approved the contents of this document
Electronic Signature for: David Ensz, MD
Electronically Signed by: ensz@mcrmed.com
Date and Time of Signature: 21 Apr 2020 10:06 CDT

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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name Mussaji	First Name Murtaza	Middle Name
Professional Mailing Address			
Street Address: 11021 Shadow Creek Parkway		Other Street Address: Suite 102	
City: Pearland	State/Province: Texas	Country: USA	Zip/Postal Code: 77584
Email Address:		murtaza@linqresearchllc.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Medical Residency	2007	University of Texas Health Science at Houston, USA	
Doctor of Osteopathic Medicine	2004	Midwestern University, USA	
Bachelor of Science in Biology	1999	University of Houston, USA	
Medical License Number			
M3335	State/Province Texas	Country USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2015	Principal Investigator	LinQ Research, LLC	Texas, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2008 – Present	Assistant Professor	University of Texas Health Science at Houston	USA
2010 – Present	Medical Director	Fairway and Shadow Creek Medical Clinic	USA
2018 – Present	President	Harris County Medical Society, Southeast Branch	USA
Brief Summary of Relevant Clinical Research Experience:			
A PHASE 3, TREATMENT OF LIVER FIBROSIS IN ADULT SUBJECTS WITH NONALCOHOLIC STEATOHEPATITIS A PHASE 3, CLOSTRIDIUM DIFFICILE VACCINE IN ADULTS 50 YEARS OF AGE AND OLDER A PHASE ½, SINGLE ASCENDING DOSE-FINDING STUDY IN ELDERLY SUBJECTS WITH A PNEUMOCOCCAL VACCINE A PHASE 3, TREATMENT OF UNCOMPLICATED URINARY TRACT INFECTIONS IN ADULT WOMEN A PHASE 2B, PATIENTS WITH CHRONIC KIDNEY DISEASE AND HYPERURICEMIA A PHASE 3, SYMPTOMATIC ADULTS AND CHILDREN 4 YEARS OF AGE AND OLDER WITH ASTHMA			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		10-JUL-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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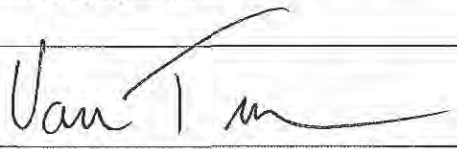
Full Legal Name:	Last Name	First Name	Middle Name
	Pickrell	Paul	Keith
Professional Mailing Address:			
Street Address 1: 4534 West Gate Blvd		Street Address 2: Suite 110	
City: Austin	State/Province: Texas	Country: USA	Zip/Postal Code: 78745
Email Address:		ppickrell@tektonresearch.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Medical Degree	1990	University of Oklahoma Medical School/USA	
Residency Internal Medicine	1993	Good Samaritan Regional Medical Center/USA	
Fellow Rheumatology	1995	University of Arizona/USA	
Medical License Number			
		State/Province	Country
K0997		Texas	USA
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2009	Principal Investigator	Tekton Research, Inc.	Texas/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2004-2008	Investigator	Metaclin	USA
2000-2017	Rheumatologist (private practice)	West Austin Rheumatology	USA
1996-2000	Associate Clinical Professor	Baylor, Scott & White/fna Scott & White	USA
1996-2000	Staff Rheumatologist	Baylor, Scott & White/fna Scott & White	USA
Brief Summary of Relevant Clinical Research Experience:			
Dr. Pickrell has been involved with clinical research since 1996, becoming a Principal Investigator in 2004. He has research experience as PI in rheumatology studies, including rheumatoid arthritis, lupus, fibromyalgia, psoriatic arthritis, as well as non rheumatology studies including osteoarthritis. He has research experience as sub-I in research studies involving migraines, cholesterol, hypertension, and vaccines.			
Signature: 		Signature Date: (dd-Mmm-yyyy) 19 - NOV - 2019	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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**CLINICAL AND MEDICAL CONTROLLED DOCUMENT (CMCD)
SUPPORTING DOCUMENT**

Identifier	Version	Title	Effective Date
INV02-INV04- WI-GL02-SD01	1.0	ABBREVIATED CURRICULUM VITAE TEMPLATE	01-Apr-2019

Full Legal Name:	Last Name	First Name	Middle Name <i>if applicable</i>
	Tran	Van	Quang
Professional Mailing Address:			
Street Address 1: 1919 N Loop W, Suite 218		Street Address 2:	
City: Houston	State/Province: Texas	Country: USA	Zip/Postal Code: 77008
Email Address:		vantran@ventaviaresearch.com	
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Doctor of Medicine	2003	University of Texas at Houston/ USA	
Medical License Number			
L3505		State/Province Texas	Country USA
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
Sep2019	Sub-Investigator	Ventavia Research Group, LLC	Houston/USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
2003-ongoing	Primary Care Physician	Dr. Van Tran Family Practice	USA
2010-ongoing	Primary Care Physician	Thomas Family Practice	USA
2000-2003	Internship/Residency	University of Texas Houston Family Practice Program (Memorial Hermann Hospital)	USA
Brief Summary of Relevant Clinical Research Experience:			
Pediatric Pneumococcal Vaccine, Pediatric Flu Vaccine, Endometriosis, Pediatric Meningococcal Vaccine, Infant Formula Trial, Maternal Respiratory Syncytial Virus			
Signature: 		Signature Date: (dd-Mmm-yyyy) 03 Feb -2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
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ABBREVIATED CURRICULUM VITAE TEMPLATE

Full Name:	Last Name	First Name	Middle Name
	Christensen	Tom	A.
Professional Mailing Address			
Street Address: Main Street Physician's Care		Other Street Address: 3600 Sea Mountain Highway, Suite C	
City: Little River	State/Province: SC	Country: USA	Zip/Postal Code: 29566
Email Address:	(b) (6)		
Academic Qualifications:			
Degree and/or Certification	Date (yyyy)	Institution and/or Country	
Board Cert. Family Medicine	1986, 1993, 2000, 2006, 2011, 2016	American Board of Family Practice, USA	
Residency – Family Medicine	1985	Washington Hospital, USA	
Doctor of Medicine	1982	University of Nebraska Medical School, USA	
BS – Medical Technology	1975	Kearny State College, USA	
Medical License Number	State/Province	Country	
18363	South Carolina	USA	
Current Position at Study Site:			
Start Date	Title	Institution or Company	State/Province & Country
2018	Physician	Main Street Physician's Care	South Carolina, USA
Previous Relevant Positions Including Academic Appointments:			
Start and End Dates	Title	Institution or Company	Country
1996 - 2018	Physician	Waterway Primary Care dba Calabash Medical Center, NC	USA
1996 – Present	Physician	Loris Healthcare System, SC	USA
1985-1996	Physician	Minden Medical Center, NE	USA
Brief Summary of Relevant Clinical Research Experience:			
Feb 2015 – Apr 2019t: Principal Investigator – Post Herpetic Neuralgia Mar 2014 – Mar 2019: Principal Investigator – Anticoagulant Medication Post-Marketing Sep 2013 – Feb 2015: Principal Investigator – Influenza Treatment Mar 2013 – Present: Principal Investigator – Lipid Trial Aug 2012 – Jul 2013: Principal Investigator – IBS Trial Aug 2012 – Apr 2018: Principal Investigator – Gout Trials Aug 2012 – Present: Principal Investigator – Diabetes/Cardiovascular Outcomes (2 trials completed) Dec2011 – May 2013: Principal Investigator – Diabetes/Hypertension Aug 2012 – May 2014: Principal Investigator – Asthma Trial Jul 2010 – Present: Principal Investigator - COPD Trials Nov 2009 – Jan 2015 Principal Investigator – A Fib Nov 2008 – Present: Principal Investigator - Diabetes Trials (Oral and Injectable Medication) Oct 2008 – Feb2011: Principal Investigator – Flu Vaccine Trial Sep 2008 – Feb 2019t: Principal Investigator – Osteoarthritis/Cardiovascular Outcomes July 2008 – October 2009: Principal Investigator Diabetes Trial May 2008- February 2010 Principal Investigator – Hypertension Trial – Elderly Patients May 2008- September 2009 : Principal Investigator – Hypertension Trial Jan 2006-Feb 2007: Sub-Investigator – Restless Legs Syndrome Trial Nov2004- November 2009:: Sub-Investigator – Diabetes, Anemia, CKD, Cardiovascular Outcomes Trial Nov 2004-Aug 2006: Sub-Investigator –Biphosphonate Osteoporosis Trial Nov 2004-Present: GCP Training Modules-Variou Sponsors (Multiple Modules)			
Signature:		Signature Date: (dd-Mmm-yyyy)	
		7-10-2020	
I will update and resubmit my abbreviated CV if there are changes and particularly if there is any change in status which would adversely affect the assessment of my suitability to conduct/participate in clinical studies.			
NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH-E3 COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCLUDE ATTACHMENTS OR TEXT ON REVERSE PAGES.			

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