	<b>FORM</b>	<b>FOR-OGIT-031</b>
	<b>CURRICULUM VITAE OF THE RESEARCH TEAM</b>	<b>Edition No. 02</b>

### 1. GENERAL INFORMATION OF THE PROFESSIONAL

<b>Surnames and names:</b> <i>(Enter as it appears on your ID)</i>	<b>DNI / CE No.:</b>
<b>Profession and Professional Association No.:</b>	<b>Specialty and Registration Number:</b>
<b>Address :</b> <i>(Enter the current home address of the person signing the form)</i>	<b>District:</b>
<b>Province:</b>	<b>Department:</b>
<b>Telephone and annex:</b>	<b>Cell phone:</b>
<b>Email:</b>	
<b>Research Center and RCI No.:</b>	
<b>Role to play in the clinical trial:</b>	<b>Current position/position at the Institution Investigation:</b>


### 2. ACADEMIC TRAINING.

Name of the study center	Degree/Title obtained	Year of obtaining the Degree/Title

### 3. RELEVANT TRAINING AND COACHING IN CLINICAL OR RESEARCH NECESSARY FOR THE EXECUTION OF THE CLINICAL TRIALS.

*Training in Good Clinical Practices and Ethics in Research on human beings should be included in this section.  
(Article 51°, literal d) of the REC)*

<b>01</b>	<b>Training or Training in:</b>	
	<b>Institution:</b>	<b>Place and date:</b>
<b>02</b>	<b>Training or Training in:</b>	
	<b>Institution:</b>	<b>Place and date:</b>

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**4. PROFESSIONAL EXPERIENCE****4.1. IN YOUR SPECIALTY OR PROFESSIONAL FIELD, AS APPLICABLE.***List in reverse chronological order, most recent to oldest*

N° 01	<b>Position / Position:</b>	
	<b>Institution - Location:</b>	<b>Start date – End date:</b>
N° 02	<b>Position / Position:</b>	
	<b>Institution - Location:</b>	<b>Start date – End date:</b>
N° 03	<b>Position / Position:</b>	
	<b>Institution - Location:</b>	<b>Start date – end date:</b>

**4.2. IN THE EXECUTION OF CLINICAL TRIALS***List in reverse chronological order, most recent to oldest*


N° 01	<b>Clinical trial title / Protocol code / Study phase:</b>	
	<b>Role in the study</b>	<b>Start date – End date:</b>
N° 02	<b>Clinical trial title / Protocol code</b>	
	<b>Role in the study</b>	<b>Start date – End date:</b>

**4.3. ADDITIONAL INFORMATION** *If you**consider any additional information important, you can add it to this section.*

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**5. RELEVANT SCIENTIFIC PRODUCTION***List in reverse chronological order, from most recent to oldest. Indicate only those related to your specialty or professional field, as appropriate.*

N°	Title Authors	Year	Published in

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<b>6. INFORMATION REGARDING THE AVAILABILITY OF TIME FOR THE CONDUCT OF THE CLINICAL TRIAL</b> <i>Section only applicable to the Principal Investigator</i>	
<b>6.1. Regarding the present clinical trial</b>	
Average time (daily/weekly) you will dedicate to this study	
Number of subjects to be enrolled in the research center	
<b>6.2. Regarding the other active clinical trials where he appears as Principal Investigator or Sub-investigator:</b>	
<ul style="list-style-type: none"> <li>- Protocol code, study phase and current status of execution in the center investigation</li> <li>- Average time (daily/weekly) dedicated to each of the clinical trials</li> <li>- Number of subjects enrolled and number of subjects who remain to be enrolled</li> <li>- Time interval between clinical trial visits</li> <li>- Remaining period of time in charge of the clinical trial</li> <li>- List of members of the research team you work with and their role</li> </ul>	
<b>6.3. Regarding other activities carried out:</b>	
<ul style="list-style-type: none"> <li>· If you carry out public and/or private assistance activity (name Institutions and work hours.)</li> <li>· If you carry out teaching activities (name institutions and work hours)</li> <li>· If you carry out administrative activity (name Institutions and work hours)</li> </ul>	

<b>7. DATE AND SIGNATURE OF THE PROFESSIONAL</b>
<p>I make this sworn statement stating that the information provided is true and I authorize the verification of what was declared in accordance with the "Principle of Presumption of Truth" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Law of General Administrative Procedure, approved with Supreme Decree 004-2019-JUS.</p> <p>As a sign of agreement, I sign this document.</p> <p>City,.....of.....of 20...</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name and Signature DNI / CE</p>