

## **CURRICULUM VITAE OF THE RESEARCH TEAM**

1. GENERAL INFORMATION OF THE PROFESSIONAL

Edition No. 02

Surnames and names: (Enter as it appears on your ID)		DNI / CE N	DNI / CE No.:		
Profession and Professional Association No.:		Specialty a	Specialty and Registration Number:		
Address: (Enter the current home address of the person signing the form)		District:	District:		
Provi	ince:	Departmer	Department:		
Telep	hone and annex:	Cell phone:	Cell phone:		
Emai	l:				
Rese	arch Center and RCI No.:				
Role to play in the clinical trial:			Current position/position at the Institution Investigation:		
1700					
2	2. ACADEMIC TRAINING.				
Name of the study center		Degree/Title obtained		Year of obtaining the Degree/Title	
200			,		
;	3. RELEVANT TRAINING AND COACHING I			H	
	NECESSARY FOR THE EXECUTION OF Training in Good Clinical Practices and Ethics in Research of			this section.	
	(Article 51°, literal d) of the REC)	J			
	Training or Training in:				
01	Institution:		Place and date:		
	Training or Training in:				
02	Institution:		Place and date:		

Date: 09/24/2019



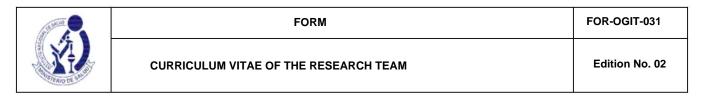
FORM	FOR-OGIT-031

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4	4. P	ROFESSIONAL EXPE	RIENCE			
				Y OR PROFESSION	NAL FIELD, A	S APPLICABLE.
	P	List in reverse chronological osition / Position:	oraer, most rece	ent to oldest		
N°					Start date –	End date:
01	In	stitution - Location:			Start date –	Liid date.
	P	Position / Position:				
N° 02	In	stitution - Location:			Start date -	End date:
N°	P	osition / Position:				
03	In	stitution - Location:			Start date –	end date:
	1	4.2. IN THE E	XECUTION	OF CLINICAL TRIA	ALS	
		List in reverse chronological	order, most rece	ent to oldest		
		Clinical trial title / Protoc	ol code / Stud	y phase:		
N° 01	ı	Role in the study			Start date – E	nd date:
		Clinical trial title / Protoc	ol code			
N° 02	2	Role in the study			Start date – End date:	
consid	der a	4.3. ADDITIONA any additional information imports	L INFORMATION			
į	5. F	RELEVANT SCIENTIFIC List in reverse chronological order, fro	m most recent to ol	dest. Indicate		
N	۷°	only those related to your specialty or Title Au	professional field, a	as appropriate.	Year	Published in

Date: 09/24/2019



6. INFORMATION REGARDING THE AVAILABILITY OF TIME FOR THE CONDUCT OF THE CLINICAL TRIAL Section only applicable to the Principal					
Investigator					
6.1. Regarding the present clinical trial					
Average time (daily/weekly) you will dedicate to this study					
Number of subjects to be enrolled in the research center					
6.2. Regarding the other active clinical trials where he appears as Principal Investigator or Sub-investigator:					
- Protocol code, study phase and current status of execution in the center					
investigation					
- Average time (daily/weekly) dedicated to each of the clinical trials					
- Number of subjects enrolled and number of subjects who remain to be enrolled					
- Time interval between clinical trial visits					
- Remaining period of time in charge of the clinical trial					
- List of members of the research team you work with and their role					
6.3. Regarding other activities carried out:					
If you carry out public and/or private assistance activity (name Institutions and work hours.)					
If you carry out teaching activities (name institutions and work hours)					
If you carry out administrative activity (name Institutions and work hours)					

## 7. DATE AND SIGNATURE OF THE PROFESSIONAL

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.

Date: 09/24/2019

As a sign of agreement, I sign this document.	
City,of	
	Name and Signature