Site Identifier 1005	Investigator Name (Prior Clinical Investigator(s)) Matthew Davis	Rochester Clinical Research, Inc. 500 Helendale Rd, Ste 265 Rochester, NEW YORK 14609 UNITED STATES	Site Contact Information at Time of Clinical Study Phone: (585)-288-0890 Email: mdavis@rcrclinical.com Fax: 5852880893
1005	Matthew Davis	Rochester Clinical Research, Inc. 500 Helendale Rd, L20 Rochester, NY 14609 UNITED STATES	Phone: (585)-288-0890 Email: mdavis@rcrclinical.com Fax: 5852880893
1006	James Peterson	J. Lewis Research, Inc. / Foothill Family Clinic 2295 Foothill Dr Salt Lake City, UT 84109 UNITED STATES	Phone: 801.486.3021 ext. 3370 Email: jpeterson@jlewisresearch.com Fax:
1007	Robert Frenck	Cincinnati Children's Hospital Medical Center Cincinnati Center for Clinical Research (CCCR) 619 Oak St Cincinnati, OH 45206 UNITED STATES	Phone: 5136364463 Email: robert.frenck@cchmc.org Fax: 5136367039
1007	Robert Frenck	Cincinnati Children's Hospital Medical Center Gamble Program for Clinical Studies 3333 Burnet Ave, MLC 6014 Cincinnati, OH 45229-3039 UNITED STATES	Phone: 5136364463 Email: robert.frenck@cchmc.org Fax: 5136367039

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1008	Timothy Jennings	Clinical Research Professionals 17998 Chesterfield Airport Rd, Ste 100 Chesterfield, MO 63005 UNITED STATES	Phone: 6362201200 Email: tjennings@clinicalresearchprofe ssionals.net Fax: 3146673331
1009	Shane Christensen	J. Lewis Research, Inc. / Foothill Family Clinic South 6360 S 3000 E, Ste 100 Salt Lake City, UT 84121 UNITED STATES	Phone: (801) 554-0158 Email: schristensen@jlewisresearch.co m Fax: 8017337063
1013	Michael Dever	Clinical Neuroscience Solutions, Inc. dba CNS Healthcare 618 E. S St, Ste 100 Orlando, FL 32801 UNITED STATES	Phone: (407)-425-5100 Email: mdever@cnshealthcare.com Fax: 4074253009
1016	Daniel Finn	Kentucky Pediatric/ Adult Research 201 S 5th St Bardstown, KENTUCKY 40004 UNITED STATES	Phone: (502)-349-1569 Email: (b) (6) Fax: 5023490286
1039	Gretchen Crook	ARC Clinical Research at Wilson Parke 11714 Wilson Parke Ave., Ste 150 Austin, TX 78726 UNITED STATES	Phone: 737-247-7240 Email: gcrook@arcmd.com Fax: 7372477242

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1044	Aaron Hartman	Virginia Research Center LLC 13911 St. Francis Blvd., Ste 101 Midlothian, VA 23114 UNITED STATES	Phone: 804-893-2273 Email: ahartman@virginiaresearchcent er.com Fax: 18663724381
1057	Fadi Chalhoub	Clinical Neuroscience Solutions, Inc. 5200 Belfort Rd, Ste 420 Jacksonville, FL 32256 UNITED STATES	Phone: (904)-281-5757 Email: fchalhoub@cnshealthcare.com Fax:
1066	David Butuk	Solaris Clinical Research 1525 E Leigh Field Dr, # 100 Meridian, ID 83646 UNITED STATES	Phone: 2082880123 Email: pi@solarisclinicalresearch.com Fax:
1077	Suchet Patel	Meridian Clinical Research 415 Hooper Rd Endwell, NEW YORK 13760 UNITED STATES	Phone: 6077544081 Email: spatel@mcrmed.com Fax: 6077545730
1077	Suchet Patel	Meridian Clinical Research LLC 409 Hooper Rd Endwell, NEW YORK 13760 UNITED STATES	Phone: 6077544081 Email: spatel@mcrmed.com Fax: 6077545730

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1084	Douglas Denham	Clinical Trials of Texas, Inc. (Storage Only) 5430 Fredericksburg Rd., Ste 601 San Antonio, TEXAS 78229 UNITED STATES	Phone: (210)-949-0122 Email: ddenham@cttexas.com Fax: 2109490181
1084	Douglas Denham	Clinical Trials of Texas, Inc. 5430 Fredericksburg Rd, Ste 200 San Antonio, TEXAS 78229 UNITED STATES	Phone: (210)-949-0122 Email: ddenham@cttexas.com Fax: 2109490181
1091	Samir Arora	Aventiv Research Inc (Facility and Drug Shipment Address) 99 N. Brice Rd, Ste 260 Columbus, OHIO 43213 UNITED STATES	Phone: (614)-501-6164 Email: sarora@aventivresearch.com Fax: 6145016165
1091	Samir Arora	Aventiv Research Inc. 99 N. Brice Rd, Ste 210 Columbus, OHIO 43213 UNITED STATES	Phone: (614)-501-6164 Email: sarora@aventivresearch.com Fax: 6145016165
1123	Brandon Essink	Meridian Clinical Research, LLC 3319 N 107th St. Omaha, NEBRASKA 68134 UNITED STATES	Phone: 4029336500 Email: bessink@mcrmed.com Fax: 4029336501

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1124	David Fried	Velocity Clinical Research, Providence 400 Bald Hill Rd Warwick, RHODE ISLAND 02886 UNITED STATES	Phone: 4017399350 Email: dr.fried@omegamedicalresearc h.com Fax: 4017399351
1125	Charles Harper	Meridian Clinical Research, LLC 1410 N 13th St, Ste 5 Norfolk, NE 68701 UNITED STATES	Phone: (402)-371-0797 Email: charper@mcrmed.com Fax: 8885888068
1126	Nicola Klein	Kaiser Permanente Sacramento 1650 Response Rd Sacramento, CA 95815 UNITED STATES	Phone: 5102677540 Email: nicola.klein@kp.org Fax: 5102677524
1126	Nicola Klein	Kaiser Permanente Santa Clara 710 Lawrence Expy Santa Clara, CALIFORNIA 95051 UNITED STATES	Phone: 5102677540 Email: nicola.klein@kp.org Fax: 5102677524
1131	William Randall	PriMED Clinical Research 948 Patterson Rd Dayton, OHIO 45419 UNITED STATES	Phone: +1(937)-534-4201 Email: (b) (6) Fax:

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1139	Emmanuel Walter	Accessioning Unit and Repository 2 Genome Court Durham, NORTH CAROLINA 27710 UNITED STATES	Phone: 9196205346 Email: walte002@mc.duke.edu Fax: 9196131550
1139	Emmanuel Walter	Clinical Research Pickett Road 3024 Pickett Rd, Durham County Durham, NORTH CAROLINA 27705 UNITED STATES	Phone: 9196205346 Email: walte002@mc.duke.edu Fax: 9196131550
1139	Emmanuel Walter	Duke University Medicine Circle- Duke Early Phase Clinical Research Unit 40 Duke Medicine Circle Durham, NC 27710 UNITED STATES	Phone: 9196205346 Email: walte002@mc.duke.edu Fax: 9196131550
1139	Emmanuel Walter	Duke Vaccine and Trials Unit 2608 Erwin Rd, Ste 210 Durham, NORTH CAROLINA 27705 UNITED STATES	Phone: 9196205346 Email: walte002@mc.duke.edu Fax: 9196131550
1140	Stephen Thomas	SUNY Upstate Medical University Institute for Human Performance 505 Irving Ave, Clinical Research Unit Syracuse, NEW YORK 13210 UNITED STATES	Phone: 3154645815 Email: thomstep@upstate.edu Fax: 3154641531

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1140	Stephen Thomas	SUNY Upstate Medical University Medicine 4900 Broad Rd, Physician Ofc Bldg N, Ste 4U Syracuse, NEW YORK 13215 UNITED STATES	Phone: 3154645815 Email: thomstep@upstate.edu Fax: 3154641531
1142	Richard Rupp	University of Texas Medical Branch SIVS Clinical Trials Program, Primary Care Pavilion, 400 Harborside Dr., Ste 126 Galveston, TEXAS 77555 UNITED STATES	Phone: (409) 772-5278 Email: rrupp@utmb.edu Fax: 4097725275
1147	Julia Garcia-Diaz	Ochsner Clinic Foundation 1514 Jefferson Hwy New Orleans, LA 70121 UNITED STATES	Phone: (504) 842-7617 Email: jgarcia-diaz@ochsner.org Fax: 5047038870
1150	Shelly Senders	Senders Pediatrics 2054 S Green Rd South Euclid, OH 44121 UNITED STATES	Phone: 12162919210 Email: ssenders@senderspediatrics.co m Fax: 2162918688
1152	Donald Brandon	California Research Foundation 4180 Ruffin Rd, Ste 255 San Diego, CALIFORNIA 92123-1881 UNITED STATES	Phone: 619-255-2980 Email: dbrandon@crftrials.com Fax:

Site Identifier 1156	Investigator Name (Prior Clinical Investigator(s)) Hector Rodriguez	Site Address at Time of Clinical Study Acevedo Clinical Research Associates 2400 Nw 54th St Miami, FL 33142 UNITED STATES	Site Contact Information at Time of Clinical Study Phone: (305) 649-8871 Email: hrodriguez.md@acevedoclinica lresearch.com Fax: 3056750516
1223	Onyema Ogbuagu	Yale Center for Clinical Investigations (CSRU) 2 Church St S, Ste 114 New Haven, CT 06519 UNITED STATES	Phone: 516-281-4557, (516) 281-4557 Email: onyema.ogbuagu@yale.edu Fax: 2037857450
1223	Onyema Ogbuagu	Yale University School of Medicine 135 College St, Ste 392 New Haven, CT 06510 UNITED STATES	Phone: 516-281-4557, (516) 281-4557 Email: onyema.ogbuagu@yale.edu Fax: 2037857450
1223	Onyema Ogbuagu	Yale-New Haven Hospital 55 Park St, LL-15 New Haven, CT 06511 UNITED STATES	Phone: 516-281-4557, (516) 281-4557 Email: onyema.ogbuagu@yale.edu Fax: 2037857450
1235	John Vanchiere	LSU Health Sciences Center at Shreveport Clinical Trials Office 1801 Fairfield Ave, Ste 203 Shreveport, LA 71101 UNITED STATES	Phone: 3186757076 Email: jvanch@lsuhsc.edu Fax: 3186756059

Site Identifier	Investigator Name (Prior Clinical Investigator(s))	Site Address at Time of Clinical Study	Site Contact Information at Time of Clinical Study
1235	John Vanchiere	LSUHSC-Shreveport 1501 Kings Hwy Shreveport, LA 71103 UNITED STATES	Phone: 3186757076 Email: jvanch@lsuhsc.edu Fax: 3186756059
1270	Nicola Klein	Kaiser Permanente Sacramento 1650 Response Rd Sacramento, CA 95815 UNITED STATES	Phone: (510)-267-7538 Email: nicola.klein@kp.org Fax: 5102677524
1270	Nicola Klein	Kaiser Permanente Santa Clara 710 Lawrence Expy Santa Clara, CALIFORNIA 95051 UNITED STATES	Phone: (510)-267-7538 Email: nicola.klein@kp.org Fax: 5102677524



	Last Name			First N	ame				Mid	dle Name
Full Name:	Davis		Matthe	w		Gilr	Gilruth			
Professional	Mailing Address									
	s: 500 Helendale Ro	ad				Other Street A	ddress: I	L20		
City: Rochester State/Province: NY		Country: USA		Zip/Postal Code: 14609						
Email Addre	ss:	mdav	is@rcrclinio	cal.com						
Academic Qu										
Degree and/o	r Certification		Date (yyy	y)	Inst	titution and/or (Country			
Residency			1989		Sha	dyside Hospita	al, Depa	rtmei	nt of l	Family Medicine
Medical Doo	ctor		1986			iversity of Rocl				
BA Biology			1981			rtmouth College				
Medical License Number State/Province						Cou	<u>ntry</u>			
189975-1		New York			USA					
Current Posi	tion at Study Site:									
Start Date Title <u>Institution or</u>		or C	ompany			State	e/Province & Country			
		Clinic	ical Research, Inc. New York, USA							
Previous Rel	evant Positions Incl	uding A	cademic A	ppointmer	ıts:					
Start and En		Title				Institution or	Compai	ny		Country
1996-2011 Associate Medical Director			Rochester Clinical Research, Inc.			USA				
1996-Present Locum tenems			Highland Hospital			USA				
1998-1999		Chief				After Hours Medical Care		USA		
Brief Summa	ry of Relevant Clir	ical Res	search Expe	erience:						
Research expe Vaccine: 86 Migraine: 45 Diabetes: 41 Weight loss: Women's He	20	trials, 40	8 of which a	as a Princiț	oal In	vestigator, includ	ding:			
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	Last Name	·		First Na	ame			Mic	idle Name
Full Legal Name:	Peterson			James				Todd	I
Professional	Mailing Address:			: .					
Street Addres	ss 1: J. Lewis Resear	ch, Inc. /	Foothill Fam	ily Clinic		Street Address	2: 2295 Foo	thill Di	rive
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City: Salt Lal	ce City	State/I	Province: Uta	h		Country: USA	1		Zip/Postal Code: 84109
Email Addre	ess:	ipeterso	n@jlewisres	search.cor	n				
Academic Q	ualifications:	1 1 1 1							
	r Certification		Date (yyyy	7)	Inst	itution and/or	Country		
FAAFP			2014	1		ican Academy o		/sicians	s / USA
CCRP			2012	S	SOCI	RA / USA			
Residency			2000	Ţ	Jnive	ersity of Nebras	ka Medical C	enter /	USA
Doctor of Med	icine		1997	Ţ	Jnive	ersity of Nebrasi	ka / USA		
Bachelor of Sc	ience in Microbiolo	gy	1993	Ī	3righ	am Young Univ	ersity / USA		
Medical Lice			State/Prov					untry	v.
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Current Posi	tion at Study Site:					٠			
Start Date	Title		In	stitution	or Co	ompany		Stat	te/Province & Country
2008	Principal Investig	ator		ewis Rese		<u> </u>			/USA
2000	Physician	,		othill Fami				Utah	/ USA
Previous Rel	evant Positions Inc	luding A	cademic App	ointment	s:	_			
Start and En	d Dates	Title				Institution or	Company		Country
2000-2008		Sub-Inv	estigator			J. Lewis Resear	ch, Inc.		USA
1999-2000		Physicia	n			Henderson Heal	th Care Servi	ces	USA
1999-2000		Physicia	n			Alegent Health	Express Care		USA
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Headache, Hyp Skin Infection, (Elderly, Adult	erlipidemia, Hypert and UTI), Migraine	ension, II (Adult a nen's Stu	BS, Infectious nd Pediatric), idies: (Contra	s Disease: Neuropat sception, H	(AE0 hic P IPV,	CB, CAP, Cold, ain Relief, OA, HRT, Menstrua	Influenza, O OAB, PAR,	titis, Pl Pediatr	Erectile Dysfunction, GERD, Gout, naryngitis, Sinusitis, Sinus Puncture, ics, Ragweed Allergy, Vaccines Fibroids, Vaginal Atrophy, Vaginal
Signature:							Signature l	Date: (dd-Mmm-yyyy)
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Version 1.0, 01-Apr-2019



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Full Legal	Last Na	ıme		First	t Name Middle Name if applicable						
Name:	Frencl	k, Jr., MD		Rob	ert		W	Wil	Son	Dr	30
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Center Address	1:Cincii	mati Children's Hospi	tai iviedica	4	Street Address 2: 3333 Burnet Ave. M	II C 6014					
Gamble Progra	am for Cl	linical Studies			5555 Darnet Ave. IV	LC 0014					
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Email Addres	8.	Robert,frenck@cch	mc ora								
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		Disease Fellowship	1987-19		University of Tex				on, USA		
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MD		<u> </u>	1977-19	mineral and a second	University of Tex	The state of the s				- J	
B.A. Biology			1973-19		University of Cal						
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Start Date	Title		In	stitutio	n or Company			State	Province.	& Count	try
2006- Present	Profes	sor of Pediatrics	Ci	ncinnat	ti Children's Hospital Medical Center OH, USA						
Previous Rele	vant Pos	itions Including Acad	lemic App	ointm	ents: provide previous	4 relevan	t positions	if applica	ble		
Start and End	-	Title			Institution or Comp	And the second second			OFFICE OF THE	Count	ry
2004-2006		Professor of Pediatric	CS		University of Califor					USA	
1997-Present	71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Associate Professor			Uniformed Services, University of Health and Science, MD U						
1994-1997		Associate Professor	an again to see the second	0.65 5 31740.00	Eastern Virginia Med	and the second second	Course with the situation of	distriction access	erest seems testin	USA	0000000
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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.

> INV02-INV04-WI-GL02-RF10 Version 1.0, 15-Feb-2016



Professional Mailing Address Street Address: Other Street Address: 17998 Chesterfield Airport Rd., Suite 100		Last Name			First N	lame			Mic	Idle Name
Street Address: Clinical Research Professionals Clinical Research Professionals Clity: State/Province: Country:	Full Name:	Name: Jennings Tim				mothy W			w.	
Clinical Research Professionals City: State/Province: Country: Zip/Postal Code: Chesterfield Missouri USA 63005 Email Address: tjennings@clinicalresearchprofessinals.net Academic Oualifications: 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, MInternship 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 In Sexual Disorder, Ragweed Induced Rhinoconjunctivitis, Hypertriglyceridemic Patients with Cardiovascular Disease, C. Diff, Eosine Esophagitis, NASH, Gastroparesis, Ulcerative Colitis, Gastroesophageal Reflux disease, Migraine Signature: Signature Date: (dd-Mmm-yyyy)	Professional	Mailing Address							4	
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B.S. Physics 1984 Northwest Missouri State University, Kirksville, MO/USA Doctor of Osteopathy 1989 Kirksville College of Osteopathic Medicine, Kirksville, MO 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 In Sexual Disorder, Ragweed Induced Rhinoconjunctivitis, Hypertriglyceridemic Patients with Cardiovascular Disease, C. Diff, Eosing Esophagitis, NASH, Gastroparesis, Ulcerative Colitis, Gastroesophageal Reflux disease, Migraine Signature: Signature Date: (dd-Mmm-yyyy)										
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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 In Sexual Disorder, Ragweed Induced Rhinoconjunctivitis, Hypertriglyceridemic Patients with Cardiovascular Disease, C. Diff, Eosing Esophagitis, NASH, Gastroparesis, Ulcerative Colitis, Gastroesophageal Reflux disease, Migraine Signature Date: (dd-Mmm-yyyy)						_				
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 In Sexual Disorder, Ragweed Induced Rhinoconjunctivitis, Hypertriglyceridemic Patients with Cardiovascular Disease, C. Diff, Eosing Esophagitis, NASH, Gastroparesis, Ulcerative Colitis, Gastroesophageal Reflux disease, Migraine Signature Date: (dd-Mmm-yyyy)										
Missouri USA										
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 In Sexual Disorder, Ragweed Induced Rhinoconjunctivitis, Hypertriglyceridemic Patients with Cardiovascular Disease, C. Diff, Eosing Esophagitis, NASH, Gastroparesis, Ulcerative Colitis, Gastroesophageal Reflux disease, Migraine Signature Date: (dd-Mmm-yyyy)						No	rmandy Hospit			s, MO/USA
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NOTE: THIS CV MUST BE LIMITED TO THE INFORMATION IN THIS TEMPLATE FOR INCLUSION IN THE ICH COMPLIANT CLINICAL STUDY REPORT. ABBREVIATED CV'S CAN BE NO MORE THAN 3 PAGES, DO NOT INCL ATTACHMENTS OR TEXT ON REVERSE PAGES.			UDY RE	PORT.	ABBREVIAT	TED (CV'S CAN BE N	NO MORE T		

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South City: Salt Lake City State/Province: Utah Country: USA Email Address: Schristensen@jlewisresearch.com Academic Qualifications: Degree and/or Certification Perevious Relevant Positions Including Academic Appointments: Start and End Dates Title Title Start and End Dates Title Start and End Dates Title Tit	Middle Name
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Professional Mailing Address									
Street Addres				- 20		Other Street A	1.1		
	s: liatric/Adult Researc	h				201 South 5th S			
City:	nacre react		Province:			Country:	Street		Zip/Postal Code:
Bardstown		KY				USA			40004
Email Addre			(b) (6)						
Academic Ou									
	r Certification		Date (yy	yy)		titution and/or (
MD/FAAP			1998		Un	iversity of Loui	isville S	chool o	f Medicine, USA
	-37								
Medical Lice	nse Number		State/	Province				Countr	У
34862								1.0.1	
Current Pari	tion at Study Site:		Kentucky					USA	***
Start Date	Title		1	Institution	or C	omnany		1 54	tate/Province & Country
2001-Present						tric/Adult Resear	rch		Y/USA
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	evant Positions Inc	100000000000000000000000000000000000000	Academic /	Appointme	nts:	T	C		
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Brief Summa	ry of Relevant Clir	nical Re	search Ex	perience:		1			
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									, HPV, HSV), asthma, smoking
	ression, functional c	onstipa	tion, RSV.	tormula, etc	c. Pha	se I-IV, including			Began in 2001, continues to present.
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	Last Name			First N	lame				Mide	dle Name
Full Name:	Crook			Gretc	hen					
Professional	Mailing Address									
	s: 11714 Wilson Par	ke Ave.,	Suite 150			Other Street A	ddress:			
City: Austin		State/I	Province: T	X		Country: USA	L			Zip/Postal Code: 78726
Email Addre	ss:	gcrool	k@arcmd.	com	,	<u> </u>				
Academic Qu		1								
	r Certification		Date (yyy	yy)	Inst	titution and/or	Country	,		
Chief Reside			2000	(. 	Uni	iversity of Flor	ida Col	lege c	of Med	dicine
Residency			2000			iversity of Flor				
Doctor of M	edicine		1997			iversity of Flor				
Bachelor of			1992			shington Unive				
Medical Lice	nse Number		State/P	rovince	I	8	1	Cour	ntrv	
			TX					USA		
L1552			***							
Current Posi	tion at Study Site:	J					1			
Start Date	Title			Institution	or C	ompany			State	Province & Country
2016	Investigator		,			esearch at Wilson	n Parke		TX, U	
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Start and En		Title				Institution or	Compa	ny	T	Country
2002 - curre		Physic	cian			Austin Regio				USA
2000 - 2001		Physic				Civilian Staff				USA
	·									
Brief Summa	ry of Relevant Clin	ical Res	earch Exp	erience:				v4		
General Adu	lt Trials							***************************************		
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	ar Carcinoma	,		, ,,		,	,			
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Page 1 of 1

ABBREVIATED CURRICULUM VITAE

>>> TransCelerate

Name: Aaron N. Hartman, MD

Professional Title: Medical Doctor

Organization:

Virginia Research Center LLC

ahartman@virginiaresearchcenter.com

Pager:

Fax:

Main Daytime Phone: 804-893-2273

Mobile Phone: 24 Hour Phone:

804-687-8250

Address1: Address2: E-Mail:

13911 St. Francis Blvd, Suite 101 Midlothian, VA 23114

Evening Phone:

1-866-372-4381

AFFILIATIONS

13911 St. Francis Blvd, Suite 101, Midlothian, VA 23114	Facility Name	Department Name	Facility/Department Address
	Virginia Research Center LLC	1-5	13911 St. Francis Blvd, Suite 101, Midlothian, VA 23114
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	A CONTRACTOR OF THE PARTY OF TH	The Control of the Co	Figure 1988 - The St. Commission of the St.
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1 CONTROL OF THE PROPERTY OF T	the state of the s	i en estado en e	

University/School/Program Virginia Commonwealth University	Degree/Certificate Bachelor of Science	Specialty Not Applicable	Year Completed
Medical College of Virginia	Medical Doctor	Not Applicable	2000
The state of the second		Not Applicable	
U. Kutopeti, da resea ser il	\$10 mm (mmax ta	Not Applicable Not Applicable	

PROFESSIONAL EXPERIENCE

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

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				NA		
N/A	7		are amount saw out and	NA	· The pools a test of the Targo	
N/A	. Landa and a contract of the			NA		
N/A				NA		

Curriculum Vitae Generated on 02-DEC-2019

TransCelerate BioPharma Abbreviated CV Template Version 4.0, Q1 2018

	URRICULUM VIT	AE			*	TransCelera
Name: Aaron N. Ha	artman, MD					
Professional Title: M	ledical Doctor		Main Day	time Phone:	804-893-22	273
	irginia Research Ce	enter LLC	Pager:			
organization.	againa ricocaron oc	intoi LLO	Mobile P	hone:		
Address1: 13	3911 St. Francis Bl	d, Suite 101	24 Hour I		804-687-82	50
Address2: M	idlothian, VA 23114	1	Evening I			
	nartman@virginiare	searchcenter.com	Fax:	none.	1-866-372-4	1381
RESEARCH EXPE	RIENCE					
Study Type (Check a	ill that apply):					
Academic	F.7	Industry				
H	<u> </u>] maustry				
Investigator	-Initiated	Government				
Other / Pleas	se specify:					
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Simical Study Phase	s (Check all that ap	ply): 🔲 I	✓ II	√ III	V	IV
	22					
herapeutic Areas of	Expertise:					
Therapeutic Area	ment and something man	Sub-Therapeut Musculoskeletal Abno				
ikin and Connective Tissue Disea	ses	NA				
ndocrine System Diseases		Diabetes Mellitus	ANTAL MALAZIE COLLEGE BOTH BOTH A	M. T. C. Co. St. C. Company of the Co.		
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	Last Name			First N	Name			Mi	iddle Name
Full Legal Name:	Chalhoub			Fadi	ð.			Ra	ji
Professional	Mailing Address:	Clinical	Neurosci	ence Solutio	ns, Inc	c.			
Street Addres	ss 1: 5200 Belfort Ro	oad Suite	420			Street Address	2:		
City: Jackson	ville	State/ Florid	Province:		Country: USA				Zip/Postal Code: 32256
Email Addre	ess:	fchall	houb@cn	shealthcare.	.com				**
Academic O	ualifications:								
	or Certification		Date (y	ууу)		itution and/or C			
MD 1987					St. J	Joseph's Medic	al School		
Medical Lice	ense Number		State	/Province			C	ountry	
ME82883			Florida				U	SA	
Current Posi	tion at Study Site:	Investig	ator						
Start Date	Title			Institution	or Co	ompany		Sta	te/Province & Country
2012	Investigator			Clinical No	ical Neuroscience Solutions, Inc.			Flor	rida/USA
Previous Rel	evant Positions Inc	luding A	Academic	Appointme	nts:				
Start and En	d Dates	Title				Institution or	Company		Country
2001-2012		Hosp	italist			Specialty Hos	pital		USA
2001-2012		Hosp	italist			Memorial hos	pital		USA
2001-2012		Medi	cal Atten	ding		North Florida Association	Medical		USA
2010-2012		Medi	cal Atten	ding		Heartland Jack	ksonville	South	USA
Brief Summa	ary of Relevant Cli	nical Re	search Ex	xperience:					31
Investigator or renal failure, i disorders, atte	n phase II-IV clinica respiratory failure, v	al trials i vound ca uptive be	n children re, chroni chavior dis	n, adults and g ic pain, diabe sorders, bipol	tes, ast	thma, peripheral orders, depressive	vascular d	sease, r	orders. Hypertension, cholesterol, neuropathy, stroke, anxiety disorders, personality disorders,
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	Last Name			First Na	ame	N	Aiddle Name		
Full Name:	Butuk			David		J			
Professional	Mailing Address								
Street Addres					Other Street A	Address:			
1525 E. Leigh	i Field Dr.	Stata	Province:		Suite 100		Zim/Dostal Code		
City: Meridian		ID	Province:	Country: USA			Zip/Postal Code: 83646		
Email Addre	ss:	pi@se	olarisclinical	research.c					
Academic Qu	ualifications:								
Degree and/o	r Certification		Date (yyyy)	Institution and/or	Country			
Board Certif	ied Family Physi	ician	1998-Pres	ent	American Board	of Family Practi	ce		
Doctor of M	edicine		1993		University of Tor	onto, School of	Medicine		
Medical Lice	Medical License Number State/I			<u>ovince</u>		Countr	Y		
M-8859 Idaho					USA				
Current Posi	tion at Study Site	:							
Start Date	<u>Title</u>		<u>Ir</u>	stitution	or Company		tate/Province & Country		
2007	Investigator		So	olaris Clini	ical Research	Id	aho / USA		
Previous Rel	evant Positions In	cluding A	Academic Ap	pointmen	ts:				
Start and En	d Dates	Title			Institution or	Company	Country		
2006-Presen	t	Fami	ly Physician	& Owner					
2013 - Prese	ent	Medi	cal Director		Biolife Plasr	na Centers	USA		
2003-2006		Fami	ly Physician	& Partne	r Cherry Lane	Family Practice	USA		
1994 - 2003	3	Fami	ly Physician	& Partne	r Visalia Fami	ly Practice	USA		
Brief Summa	ry of Relevant Cl	inical Re	search Exper	rience:					
phase 2, 3, &	4 clinical trials wit	h indicati	ons for type 2	diabetes,		a, hypertriglyceri	d as Principal Investigator in over 9 demia, hypertension, erectile		
Signature:						Signature Date	e: (dd-Mmm-yyyy)		
Signature.							06-A16-2020		
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1	Last Name			First Na	oma				Middle Name
Full Legal				THSt IN	allic				whome traffic
Name:	Patel			Suchet					R
	Mailing Address:								
Street Address						Street Address			
	ical Research, LLC	Ctata/I	Province:			415 Hooper Ro	oad		Zip/Postal Code:
City: Endwell		New Y		: Country: USA					13760
Email Addre	ss:		a)mcrmed.c	com		05/1			13700
Academic Qu									
<u>Degree and/or Certification</u> <u>Date (yyyy)</u> <u>Institution and/or Country</u>									
Bachelor of			1990			Medical Colleg			
Bachelor of	achelor of Surgery 1990				BJ	Medical Colleg	ge, India	a	
Medical License Number State/Province								C	
Medical Lice	edical License Number State/Pr			ovince				Count	ry
217880-1	9-1 New York							USA	
2170001								CDII	
	ent Position at Study Site:								
Start Date						<u>ompany</u>			State/Province & Country
2000	0 Investigator			Meridian Clinical Research, LLC.			2.	1	NY, USA
Previous Rela	evant Positions Incl	uding A	cademic Ar	pointmen	ts:				
Start and En		<u>Title</u>				Institution or			Country
2011 - Prese			irector		Endwell Family Physicians USA				
2000 -Preser		Physic			Endwell Family Physicians USA				
2000 - Prese			Staff			Wilson Medi			USA
2000 to July	2019	Medic	al Director			Regional Clir	nical Re	esearch	, USA
1997- 2000		Famil	y Practice I	Residency	7	Guthrie Clini Packer Hospi		ert	USA
1996 – 1997		Transi	tional Year	r Residen	cy	Frankford Ho			USA
Brief Summa	ry of Relevant Clin	ical Res	earch Expe	rience:			•		
Brief Summary of Relevant Clinical Research Experience: 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:	Signature Date: (dd-Mmm-yyyy)								
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	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: 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



	Last Name			First N	ame			Mic	ddle Name	
Full Name:										
	Denham			Doug	las			Sc	ott	
	Mailing Address									
Street Addres						Other Street A	ddress:			
5430 Fred	ericksburg Rd.,	Suite	200							
City:		State/	Province:			Country:	try: Zip/Postal Code:			ode:
San Antonio		Texas				USA			78229	
Email Addre		ddenham@cttexas.com								
Academic Qu		The state of the s								
	r Certification									
Certified Phy	sician Investigato	Association of					cal Resear	ch Profes	ssionals, USA	tors, Affiliate of the
	ied, Family Practi					erican Board o				
Intern/Resid	ency, Family Prac	Antonio, 7				versity of Texa onio, Texas Us		Antonio	Health Scier	nce Center, San
Doctor of Os	steopathic Medicir						Osteopath	ic Medi	cine, Fort Wo	orth, Texas USA
Medical Lice	nse Number						9	ountry		
H7995 Texas					USA					
Current Posi	tion at Study Site:									
Start Date	<u>Title</u>			Institution	or C	ompany		Stat	te/Province &	Country
2010-Present	Medical Directo	r / Inves	tigator	Clinical Tri	als of	Texas, Inc.		Tex	as / USA	
Previous Rel	evant Positions Inc	luding A	cademic	Appointmen	its:					
Start and En	d Dates	Title				Institution or	Company		Country	
2008-2010			tor of Me	edical y Investigat	or	Cetero Resea	rch Inc		USA	
2006-2008				dical Affair		Cetero rescu	ion, me.		0011	
2000-2008		ALCOHOLD STATES	nvestigat			Cetero Resea	rch. Inc.		USA	
2002-Presen	t		cal Direct		_	ABC Family			USA	
2001-2002			Physician			NFR Medica			USA	
	ry of Relevant Clir									
	igator on over 300 Phas	se I-IV cli		ch studies to incl		studies		Overac	tive Bladder	Device Studies
Healthy Subje			Candidiasis			ormone Deficiend	су	0.000 100 100 100 100 100 100 100 100 10	s Disease	Asthma
NASH	NAFI			Нур	ogona	adism		Bipola		Migraine
Endometriosis						Artery Disease		P MDI	D	Epilepsy
Anxiety		ırthritis		ADF Rosa						
Acne Signature:	Нурог	parathyro	oldism	Kosa	icea		Signatur	o Date:	(dd-Mmm-yy	vv)
Weekl Winhoe 11 Feb 2021							(3)			
	and resubmit my a							e is any	change in stat	us which would
))78			GI	Hermon			
	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									

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	Last Name	ne			me		Mi	ddle Name
Full Name:	Arora			Samir			n/a	50
Professional	Mailing Address			***				
Street Address	s: 99 N. Brice Rd, S	uite 260			Other Stree	t Address:		
City: Columb	us	State/Prov	vince: OF	ŀ	Country: U	Country: USA		Zip/Postal Code: 43213
Email Addre	ss:	Sarora@a	ventivres	search.com				
Academic Qu	ualifications:							
Degree and/o	or Certification	<u>D</u> :	ate (yyyy	y)	Institution and/	or Country	1,0	
Medical Do	Medical Doctorate (MD) 1997 Hamot Medical Cent						ia	
	Rotating Internship 1992				Kasturba Hosp	ital, India		
MBBS Degr	gree 1991				Kasturba Hosp	ital, India		
						983		
Medical Lice	nse Number	State/Province				9	Country	
35.0	35.080152 Ohio					Ţ	JSA	
Current Posi	tion at Study Site:							
Start Date	Title		<u>I</u> I	nstitution o	or Company		Sta	te/Province & Country
04/2015	President, Medic	cal Director,	PI A	ventiv Rese	earch Inc		Ohi	o, USA
Previous Rel	evant Positions Inc	luding Acad	demic Ap	pointment	<u>s</u> :			
Start and En	d Dates	Title			Institution	or Company		Country
04/2007 - 04	1/2015	President,	Medical	Director, P	I Columbus	Clinical Re	search	Ohio, USA
2007-2013		Primary (Care Phy	ysician	Pentagon 1	Pentagon Primary Care		Ohio, USA
						727		
Brief Summa	ry of Relevant Clir	nical Resear	rch Expe	rience:				
(Phase II/II)		stipation (Ph						ma (Phase II/III), Osteoarthritis se I-III), Type I Diabetes (Phase II-
Signature:	lm'					Signatui		(dd-Mmm-yyyy) 3-JvN 2020
	and resubmit my a						e is any	change in status which would
		UDY REPO	RT. ABI	BREVIATE		E NO MORE	THAN.	NCLUSION IN THE ICH-E3 B PAGES, DO NOT INCLUDE

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Page 1 of 1



	Last Name			First Na	ame			Mic	Idle Name
Full Legal Name:	Essink			Brandor	1			Jam	nes
Professional	Mailing Address:								
Street Address 3319 North 10	s 1:					Street Address 2:			
City:	,, succe	State/I	Province:			Country:			Zip/Postal Code:
Omaha		Nebra				USA			68134
Email Addre		<u>bessin</u>	k@mcrmed.	<u>com</u>					
Academic Qu		D.4. ()		**************************************	.4 .				
	r Certification	Date (yyyy))	titution and/or Cour		1.0	t IICA		
	mily Practice Procedural 2004 ellowship					iversity of Nebrask	a Medica	al Ce	nter, USA
	amily Practice Residency 2003					iversity of Nebrask	a Medica	al Ce	nter, USA
	or of Medicine 2001					iversity of Nebrask			
Bachelor of	Science 1997					iversity of Nebrask			
Medical Lice	nse Number					•	Cou		
							•		
22302	Nebraska						USA		
74013			Georgia				USA		
7971	South Dako						USA		
04-41270							USA		
Current Posi	tion at Study Site: F	Principal	Investigator				•		
Start Date	<u>Title</u>		<u>In</u>	stitution or Company			Stat	e/Province & Country	
2003-Present	Principal Investig	gator	M	eridian Clinical Research, LLC				NE/	USA
Previous Rela	evant Positions Incl	uding A	cademic Ap	pointmen	ts:				
Start and En	d Dates	<u>Title</u>				Institution or Con	npany		Country
2002-Presen	t	Sub-I	nvestigator			Meridian Clinical	l Researc	ch,	USA
2015-Presen	t	Physic	cian			Bryan Telemedic	ine		USA
		•							
Brief Summa	ry of Relevant Clin	ical Res	earch Exper	ience:					
	r (HTN) Hyperlipide	emia – 1	5			OTC - 10			
Respiratory (C			4) 15			Restless Legs -			
	al (GERD, Constipat lt and Pediatric) – 86					Osteoporosis - Contraception			
	tal (OA, chronic pair			- 17				H. se	xual dysfunction, UTI) - 12
	(herpes labials, psor			-,		Endocrinology			
Migraine - 8									
Signature: Signature Date: (dd-Mmm-yyyy)									
								any	change in status which would
	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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This page is the manifestation of the electronic signature(s).

Document Name: Brandon James Essink, MD Version 2.0 16 MAR 2020 Pfizer

One Page Current CV 24 Apr 2020 Expires 24 Apr 2022 Archived

Document ID: 908335

Statement of Testament: I reviewed the contents of this document

Electronic Signature for: Brandon Essink

Electronically Signed by: bessink@mcrmed.com

Date and Time of Signature: 24 Apr 2020 15:55 CDT



	Last Name		First Na	ame		M	iddle Name	
Full Legal Name:	Fried		David			L.		
Professional	Mailing Address:							
	s 1: Omega Medica	l Research		Street A	ddress 2: 400	Bald Hill	Road	
City: Warwic	ck	State/Province:	RI	Country	y: USA		Zip/Postal Code: 02886	
Email Addre	ss:	dr.fried@omega	amedicalresea	rch.com				
Academic Qu	ualifications:							
Degree and/o	or Certification	Date (y	yyy)	Institution a	nd/or Country	4		
MD	1989 Emory University,							
BS		1985		Dickinson C	College, USA			
Medical Lice	nse Number	State	/Province			Country		
		1						
MD07840	D07840 RI					USA		
Current Posi	tion at Study Site:							
Start Date	Title		Institution	or Company		Sta	te/Province & Country	
1996	Medical Directo	r/Principal	Omega Med	dical Research		RI, USA		
Previous Rel	evant Positions Inc	luding Academic	Appointmen	ts:				
Start and En		Title			ion or Compa	ny	Country	
1997-Presen		Clinical Asst.	Professor	Brown	University		USA	
1992-Presen	t	MD-Private Pr	ractice		Medical		USA	
Brief Summa	ry of Relevant Clir	nical Research Ex	<u>xperience</u> :					
Research in 1		clinical trials at th	nis site. Lead	Sub-Investigat			Director of Omega Medical Interology and Urology trials	
Signature:	Jany	Mun				19 M	(dd-Mmm-yyyy) A-Y 2020	
	and resubmit my a						change in status which would	
							INCLUSION IN THE ICH-E3 PAGES, . DO NOT INCLUDE	

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	Last Name			First N	ame			M	Iiddle Name
Full Legal Name:	Harper			Charles	5			Н	arold
Professional	Mailing Address								
Street Address 1410 N. 13 th S						Street Address Suite #5	2:		
City:	otreet	State/	Province:			Country:			Zip/Postal Code:
Norfolk		NE	10 111100			USA			68701
Email Addre	SS:	charp	er@mcrme	d.com					•
	demic Qualifications:								
_	Degree and/or Certification								
	ternal Med Residency 2008					iversity of Neb			
Doctor of M	octor of Medicine 2005				Uni	iversity of Neb	raska M	edical C	Center / USA
Markantin	N1		C4-4-/D-					C	_
Medical Lice	nse Number		State/P1	ovince				Country	<u>v</u>
24405							USA		
Comment Desir	tion at Study Site:								
Start Date	Title		l I	nstitution	or C	ompany		St	ate/Province & Country
2015	Investigator					al Research, LLC			E / USA
Previous Rela	evant Positions Incl	uding A							
Start and En		Title				Institution or	Compan	v	Country
2015 - Prese		Sub-I	nvestigator			Meridian Clinical Research, USA LLC			
2016 - Prese	nt	MD			Norfolk Medical Group			USA	
2009-2016		MD				Faith Regions Medicine	al Intern	al	USA
Brief Summa	ry of Relevant Clin	ical Res	earch Expe	rience:					
Women's Hea	Brief Summary of Relevant Clinical Research Experience: Healthy Adult Vaccines (Adult and Pediatric) Women's Health (OAB) Dermatologic								
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.								
		NICAL	STUDY RE	PORT. M	IULT		RE NOT	ACCEP	LATE FOR INCLUSION IN THE TABLE, DO NOT INCLUDE

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 Version 1.0, 15-Feb-2016

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

Document Name: Charles Harold Harper, MD Pfizer One Page Current CV 22

Jan 2019 Expires 01 Jan 2021 Archived 01 Jan 2021

Document ID: 196341

Statement of Testament: I approved the contents of this document

Electronic Signature for: Charles Harper

Electronically Signed by: charper@mcrmed.com

Date and Time of Signature: 23 Jan 2019 10:27 CST



	Last Name			First N	lame			Mid	dle Name	
Full Legal Name:	Klein			Nicola						
Professional	Mailing Address:									
Street Addres						Street Address 2:	2-30-70-70-23-21-0			
	nente Vaccine Study	Center								
	laza 16 th Floor									
City: Oakland	l		Province:			Country:		- 1	Zip/Postal Code:	
Email Addus	sar Nicolo Islain@len	Califo	rnia			United States			94612	
Academic Qu	ss: Nicola.klein@kp	o.org								
	or Certification		Date (y	vvv)	Inc	titution and/or Count	trv			
MD	or Certification		1991-1			w York University Sch		edici	ne IISA	
PhD			1989-1			w York University Sch				
	lical License Number A69589 State/Prov						Coun			
Medical Lice	State/F10VIIIC				1111011	ina	Coun	ILI Y	JSA .	
Community Desiri	4:									
	tion at Study Site:			Institution	or C	Company		Ct-t	/B 8 Co	
Start Date	<u>Title</u>	-1 Ct	4					State/Province & Country California, United States		
	Co-Director Vaccine Study Kais Center Kais				Kaiser Permanente				*	
2006	Research Scienti	ist II		Kaiser Permanente				Calif	fornia, United States	
2006	Senior Physician	ì		Kaiser Permanente				Calif	fornia, United States	
Previous Rel	evant Positions Inc	luding A	cademic	Appointmen	nts:					
Start and En	d Dates	Title				Institution or Comp	pany	ЭK	Country	
n/a										
Brief Summa	ary of Relevant Clir	ical Res	search Ex	perience:						
Nicola P. Kle 2006. As a pe influences on studies of vac effectiveness. sponsored Va degree and do Salter Packar	in, MD, PhD, is the ladiatrician vaccine revaccine responses, a crines, biologics, and In addition, she servaccine Safety Datalin petorate in biochemis	Director searcher and vacc the epic ves as the k (VSD) stry at No I at Stant	of the Ka and clinic ine respor demiology e Chair of Project a ew York Unive	iser Permane cal trial investases among a of infectious the Californ and Clinical In University Sceersity School	stigate t-risk s dise ia Im mmu chool	or, her research interest populations. She is the cases, and has published munization Committee nization Safety Assession of Medicine and compledicine, Palo Alto, CA	ets include e principa d extensi e and is the ment (Clause) bleted a real. A. She als	e vace al inv vely one Pri SA) N esider so ser	ncipal Investigator of the CDC- Network. She received her medical ncy in pediatric medicine at Lucile wes as an adjunct clinical	
	M-			-Ms			13	FI	EB 2020	
I will update adversely aff	e and resubmit my a ect the assessment	abbrevia of my su	ated CV i	f there are c to conduct/p	hang artic	es and particularly if ipate in clinical studio	there is	any o	change in status which would	

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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	Last Name			First N	lame			Mi	ddle Name		
Full Name:	Randall										
	Randan			Willian	n						
Professional	Mailing Address										
Street Addres			0.100			Other Street Address:					
948 Patterson	Road										
City:			Province:			Country:			Zip/Postal Code:		
Dayton		Ohio	/L\ /O\			USA			45419		
Email Addre			(b) (6)								
Academic Qualifications:											
Degree and/or Certification Date (yyyy) Institution and/or Country Specialty Certification, Family Medicine 1991 American Board of Family Medicine, USA											
			erican Board o			ne, USA					
Doctor of Medicine 1988						iversity of Cinc					
Premedical S	1984		Un	iversity of Day	ton, US	<u>A</u>					
Medical Lice	State/P	<u>Province</u>				Country					
35.059106			Ohio					USA			
Current Posi	tion at Study Site:										
Start Date	Title			Institution	or C	ompany		Stat	e/Province & Country		
SEP 2010	Principal Investig	gator		PriMed Cli					USA		
Previous Rela	evant Positions Incl								-		
Start and En		Title		p o o monto	100.	Institution or	Compar	1V	Country		
7/1991- Pres			cing Fami	ly Physicia	an	PriMed Fami			USA		
7/1988-6/199			y Practice			St. Elizabeth			USA		
			/				1,100100	1 0011101			
Brief Summa	ry of Relevant Clin	ical Res	search Exp	erience:							
I have approxi	mately 11 years of c	linical r	esearch exp	perience in a	a vari	ety of indication	s and dev	velopmenta	ıl phases.		
1.			•			•		1	- F		
Signature:	Signature: Signature Date: (dd-Mmm-yyyy)										
	11/		Q				7	9 10	מבסג נג		
	1		_					~			
I will update	and user broke my a	hhrovio	ted CV if	there are cl	hano	es and particula	wly if the	oro is any	change in status which would		
adversely affe	ect the assessment of	f my su	itability to	conduct/pa	artici	pate in clinical	studies.	ci e is any	enange in status which would		
adversely affe	ect the assessment of	f my su	itability to	conduct/pa	artici	pate in clinical	studies.	ere is any	enange in sucus which would		

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L Tarres A	Last Name	ast Name				First Name			Middle Name		
Full Name:	Walter, Jr.			Emma	anuel			Benj	amin		
Professional	Mailing Address	sa tana	11. 889 N. A	a pour activ		estal autojida	v arietis		adea e y yellen		
	s: 2608 Erwin Road			Other Street Address 3024 Pickett Road			ddress:				
City: Durham		State/	Province: 1	NC Country: USA					Zip/Postal Code: 27705		
Email Addre	35:	Chip.	walter@di	uke.edu							
Academic Qu	nalifications:	da vid	ter sellevi	grifting King	· 18.	والعرارة فعجوري	Karenar	ar der	production of the contract of		
	or Certification	arter to		уу)				E	work of the second		
B.S.			1979			iversity of Not					
M.D.			1983			iversity of Mar					
M.P.H./Epic	M.P.H./Epidemiology 1992				Un	iversity of Nor	th Carolina a	t Chap	oel Hill		
	Medical License Number Stat								Milatoria de la comparción de constitución de		
31677			North Ca				USA				
	ition at Study Site:										
-Start Date 2016						Company y Medical Center			Province & Country Carolina, USA		
	. T S C 3 D A 2					e Institute; Duke ' ess: ch Pickett Road ad 705 nit and Repositor t 710	•				
Previous Rel	evant Positions Inc	luding A	cademic	Appointme	ents:	Debriosans Con	Care Michigan	20.18.24 20.18.24	orman, jakasta e		
Start and En		Title	o zako godi	Institution or C			Company	dir.	Country		
2009-curren			ssor of Pe	ediatrics with Duke Univers					USA		
2002 2000				Center Duke Univer			city Medical	\rightarrow	USA		
2002-2009			trics with	fessor of Duke University Tenure Center			only Mountain		COA		
1998-2002			ciate Profe	Sessor of Duke University			sity Medical USA		USA		
7	CD-1A-CTI-			Center				and the s	9.622		
Dr. Walter is related to dis directs the D of federally a FDA approv Vaccine and principal inv	s trained in the fiel sease prevention the buke Vaccine and Tand industry funder and industry fundered vaccines for vir Treatment Evaluates restigator for the N	ds of per prough varials U d vacci ral and l dion Un IAID for	ediatrics, i vaccinatio init (DVT) ne studies pacterial p it (VTEU unded Col mmittee c	nfectious n. He is th U). He ha the has conthogens and the laborative on Immun	disea he Chi s beer extens . He is CDC e Influ	ses, and epidem ief Medical Off in the principal i ive experience is currently the of Clinical Immu- ienza Vaccine i in Practices. He	niology and lificer at the D investigator of conducting to co-principal nization Safe Innovation Ce has also ser	his print ouke Hu or co-in trials with the tri	mary research interest is uman Vaccine Institute and nvestigator for a large number with both investigational and gator for the NIAID funded essment (CISA) project and Clinical Core. He is a recent a member of data safety		
Signature:							Signature I	Date: (d	ld-Mmm-yyyy)		
Command Bongam Walt				\$ A	. 1			5 man 2021			
m crr	T		Dr.	TER CO	NIETT	ENTTAI		במזותו	-INV04-WI-GL02-SD01		
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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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	Last Na	me e		First N	am¢	Mi	idle Name			
Full Name:	Thoma			Stephe		J				
	, ,			Stephe						
Professional					Other Chant Addre					
Street Addres	s: 725 Irv	ing Avenue			Other Street Addre Suite 311	ss:		Total Maria		
City: Syracus	е	State/Province: N	NΥ		Country: USA Zip/Postal Cod 13210					
Academic O	nalificatio	ns: MD				~				
Degree and/o	or Certific	ation	Date (yyyy		Institution and/or C Albany Medical C	Country	IV			
MD			1996		Brown University	Providence PI	11			
BA in Biom			1992		Brown University	Country				
Medical Lice	ense Num	<u>ber</u>	State/Pro	ovince		USA				
286005-1	6005-1 NY arrent Position at Study Site:					USA				
	ition at St	udy Site:			Institution or Con	nany	T			
Date	<u>Title</u>						State/Provi	ince & Country		
11/2016	Director, Infectious Disease Assoc., Director, Institute for Global Health and Translational Science				SUNY Upstate Me Institute for Human SUNY Upstate Me	Performance		IY, USA		
1 1					Global Health Rese	arch Unit 4900	Broad Rd	Physician		
Previous Rel	levant Pos	sitions Including A	cademic Ap	pointmen	nts: Office Build	ding North S	wik 4U, Si	gracuse, 132		
Start and En	d Dates	Title			Institution or Con	<u>ipany</u>		Country		
4/2014-3/2016 Infectious Diseases Consultant to the US Army Surgeon General					U.S. Arn	ny Medical Comr	nand	USA		
10/2014-3	10/2014-3/2016 Team Leader, USAMRMC Ebola Response Management Team				U.S. Army Medic	cal Research and	Material	USA		
7/2013-7/	2016	Director, WRA			Walter Reed Arm	v Institute of Res	earch	USA		
1/2013-1/	2010	Operational Cli		ous	,, 4.101	,				
		Diseases Cours								
6/2011-5/	/2014	Director, Viral	Diseases Br	anch	Walter Reed Arm	y Institute of Res	earch	USA		
12/2007-5	/2011	Director, Dengu	ie Vaccine		U.S. Army-Armed Forces Research Institute of					
	2007	Development	D 1/-		Medical Sciences Walter Reed Army Institute of Research USA					
9/2004-11	/2007	Project Leader, Development	Dengue Va	ccine	watter Reed Affi	ly misurate of Res	Calcil	USA		
9/2002-9/	/2004	Virology Depar	tment		U.S. Army Medic Research Institute		rmed Forces	Thailand		
7/2014-pr	resent	Associate Profe Medicine	ssor, Dept.	of	Uniformed Services University of the Health Sciences USA					
Brief Summ	ary of Re	evant Clinical Res	search Expen	rience:	•					
Significant ex	merience	and knowledge has	e in Virology	and Vacc	cine development. Suc	cessful completion	of numerous vi	ral disease		
research studi	ies as well	as extensive backs	ground as a pr	roject lead	der and as director in t	ooth the military an	d public health i	field.		
Signature:						Signature Date:	(dd-Mmm-yyy	y)		
	5	922	6	_			200			
					hanges and particula articipate in clinical		change in statu	s which would		
NOTE:	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									

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	Last Name			First Name	2	***************************************	Mie	ddle Name
Full Name:	Rupp			Richard			E.	
Professional	Mailing Address			-				
Street Addres	s: University of Tex	as Medical	Branch		Other Street Address	s: 301 Ur	nivers	sity Boulevard
City: Galveste	ממ	State/Pro	vince: TX	Country: USA			Zip/Postal Code: 77555-1115	
Email Addre	ss:	utmb.edu		***************************************			4	
Academic Qu	ialifications:							
Degree and/o	r Certification	D	ate (yyyy) <u>In</u>	stitution and/or Coun	try		
Adolescent l	dolescent Medicine Fellowship 1993			W	illiam Beaumont Am	ny Medi	ical (Center, Texas, USA
Pediatrics R	esidency	1	989	W	ilford Hall Medical (enter, T	exas	s, USA
Medical Doo	ctorate	1	986	St	. Louis University Sc	hool of	Med	icine, Missouri, USA
Zoology Bac	chelor of Science	1	982		rizona State Universit	***************************************		The state of the s
Medical Lice						Cour	CONTRACTOR OF THE PARTY OF THE	
J9316		T	exas			USA		
Current Posi	tion at Study Site:							
Start Date	Title		In	stitution or Company			Stat	e/Province & Country
05/2008	Director for Clin Clinical Researc				exas Medical Branch, S ccine Sciences	Sealy		ns, USA
Previous Rel	evant Positions Incl	luding Aca	demic Ap	pointments:				
Start and En		Title			Institution or Com	pany		Country
2016-Presen		CONTRACTOR OF THE PARTY OF THE	Director,	Island Department of Pediatri UTMB				USA
2010-2012		Director Review	, Institution Board	onal University of Texas I Branch (UTMB)		as Medic	cal	USA
2009-Preses	ht	The state of the s	ivision Adavioral H		Department of Pec UTMB	liatrics,		USA
2008-Presen	t		for Clinical Rese	cal Trials arch				USA
Brief Summs	ry of Relevant Clir	ical Resea	rch Exper	ience:			***************************************	
Richard Rupp both NIH and (ACWY&B), papillomaviru	MD has over a decindustry sponsors, pneumococcus, influs, and Ebola. The als	ade of expe Trials span uenza (seaso so heads the	rience as a the age rai onal, nove Office of	a collaborator nge from infa I HINI, avian Clinical Tria	nts through the elderly a), smallpox, cytomegald Is for the Sealy Center to the needs of the subject.	and have ovirus, he for Vacci	inclu erpes ne D	evelopment ensuring the success
Signature:	Schund	_						(dd-Mmm-yyyy) 9 May 2020 change in statys which would
I will update adversely aff	and resubmit my a	abbreviated of my suita	d CV if the	ere ate ciran onguet/parti	ges and particularly if cipate in clinical studi	there is	any	change in status which would
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Full Name:	Garcia-Diaz			Julia					
Professional	Mailing Address				58				To a company of the contract o
Street Addres 1514 Jefferso						Other Street Addr	ess:		
City: New Orleans		State/	Province:	ce: Country: USA					Zip/Postal Code: 70121
Email Addre	ss:	jgarci	a-diaz@o	chsner.org		***			
Academic Qu			MAY !	The man					Halding to the contribute of Alt
	r Certification	130 / 11	Date (y	ууу)		titution and/or Cou			
Medical Do			1993			uisiana State Univ			of Medicine/USA
Master of So			1989			iversity of New O			
Bachelor of	Bachelor of Science 1983				Nic	cholls State Univer	rsity/USA	1	
Medical Line	Province	41.11		Com	ntry				
Medical Fice	Medical License Number State/I						USA		managa, Mariana
10817R	1000000						USF	1	
Current Pos	tion at Study Site:				toų į.		TK, HELL		
Start Date	<u>Title</u>				Company			te/Province & Country	
Research					alth			LA,	USA
Previous Rel	evant Positions Inc	luding A	Academic	Appointmen	ts:				
Start and En	d Dates	Title				Institution or Co			Country
9/2016-pres	ent	Direc		edical Student University of Ochsner Clin				i,	Australia
7/2015-pres	ent	2,000 Sept. 100	tor Clinicases Rese	Clinical Infectious Ochsner M Research			al Center		USA
8/2014-pres	ent	Asso	ciate Prof	fessor	University of Queensland, Ochsner Clinical School			l,	Australia / USA
3/2004-6/20	15	Progr	ram Direc	ctor		Infectious Diseases Fellowship			USA
2004-preser	t		fied Princ stigator	ciple		Ochsner Clinic	Foundatio	on	USA
Brief Summ	ary of Relevant Cli			perience:	1774	TO A state			
7/					Ove	er 50+ research studi	ies comple	ted	
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Name:	Senders		Shelly		307.2 ml 2.3 ml 2.4 ml	D		
Professional	Mailing Address:					EUG ESTAIL		
Street Addres	ss 1: 2054 South Gr	een Road					SHOW HE SHOW SHOW HE S	
City: South E	nelid	State/Province	. Ohio	Country: U	IC A	7:-	/Postal Code: 44121	
		State/1101mee	. Ollio	Country. O	JA.	Zip	Fostal Code: 44121	
Email Addre		ssenders@sen	derspediatric	s.com				
	ualifications: MD							
	or Certification	Date (уууу)	Institution and/o				
	Pediatrics, Chief	1986		The Brookdale	Hospital Med	ical Center		
~	esident in Pediatrics							
	octorate in Medicine 1983			Albert Einstein		edicine		
Bachelor of Summa Cur	Arts in Chemistr n Laude	y, 1978		Yeshiva Univer	rsity			
Medical Lice	ense Number	Stat	e/Province		Co	<u>untry</u>		
35.053726 Ohio					US	JSA		
Current Pos	ition at Study Site:	Principal Investig	rator	national Constant into	enternamental III. I estado			
Start Date	Title	· · · · · · · · · · · · · · · · · · ·	Many man and a second	or Company		State/Pro	ovince & Country	
1987	President and C					Ohio, US		
	evant Positions In	•						
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N/A	u Dates	N/A		N/A	or Company		untry A	
11/1		IVA		IN/A		N/	M .	
Brief Summe	ary of Relevant Cl	inical Research F	xperience					
of MenACW and toddler: Phase IIIB, o GSK Men B : Double-blin mmunogen women, 16-	Y conjugate vacc s 2019 bserver blind, rai and PCV 13 when d, Randomized, P	ine when admin ndomized, place administered w lacebo-controlle and a 3-dose reg	istered conco bo controlled with routine vied Phase 2b,	omitantly with ro d, multi center st accines in health Multi-center stud	utine pediatri udy to assess t y infants 2019 dy to evaluate us [CMV] Vacc	the safety the Safety the Safety cine) in hea	dy to describe the safet given to healthy infants and immunogenicity of , Tolerability, Efficacy ar althy seronegative	
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Full Legal	Last N	ame		First Name			Middle Name		
Name:	Bran	ndon		Donald	1	M.			
Professional	Mailing	Address:							
Street Address California R		Foundation		Street Address 2: 4180 Ruffin Road	, Suite 255				
City: San Diego			State/Province: CA	Country: USA	Zip/Postal Code: 92123 - 188				
Email Addre	ess:		dbrandon@cri	ftrials.com					
Academic Qu	alification	ons:							
Degree and/	or Certifi	ication	Date (yyyy)	Institution and/or	Country				
Board Certified, Internal Medicine			1993	ABIM, USA					
Residency, Internal Medicine			1992	Mercy Hospital &	Medical Center, Sar	n Diego, USA			
Internship, Internal Medicine			1990	Mercy Hospital &	Medical Center, Sar	n Diego, USA			
M.D.			1989	USC Keck School of Medicine, USA					
B.A.			1984	University of San	Diego, USA				
Medical Lice	nse Num	ber	State/Province				Country		
G 71000 CA							USA		
Current Posit	tion at St	tudy Site:							
Start Date		Title		Institution or Comp	pany	State/Pr	ovince & Count		
1992		Medical Directo	or/Investigator	California Researc	California Research Foundation CA/				
Previous Rel	evant Po	sitions Including A	cademic Appointme	nts:					
Start and En	d Dates	Title		Institution or Comp	pany		Country		
1992-prese	nt	Physician		Olive Park Family	Health		USA		
Brief Summa	ry of Rel	evant Clinical Rese	earch Experience:						
	trials ov	er the past 25 year		n experience having pa se of medications for					
Signature:	E	14			Signature Date: (dd		00		

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	Last Name			First N	ame			Mid	ldle Name	
Full Legal Name:	Rodriguez			Hector	•			Ant	onio	
Professional	Mailing Address:									
Street Address 2400 NW 54th				Street Address 2:						
City: Miami		State/	Province:			Country: USA			Zip/Postal Code: 33142	
Email Address: hrodriguez.md@acevedoclinicalresearch.com						search.com				
Academic Qu	ialifications:									
Degree and/or Certification Date (yyyy) Institution and/or Country										
Transitional-FM Residency 1990					Che	estnut Hill Hospit	tal, Philad	elphia	ı, PA	
MD 1985					Uni	iversidad Cenral o	de Este, D	omini	ican Republic	
									-	
Medical License Number State				ovince			Cou	ıntry		
ME 57069			FL			USA				
Current Posi	tion at Study Site:									
Start Date	<u>Title</u>		Ir	stitution	or C	<u>ompany</u>		Stat	e/Province & Country	
2017	Investigator		A	cevedo C	linica	l Research Associa	ates	FL/U	JSA	
Previous Rele	evant Positions Incl	uding A	cademic Ap	pointmen	ıts:					
Start and En	d Dates	Title				Institution or Co	ompany		Country	
2006 - 2015		Inves	tigator		South Miami Clinical Research			USA		
2005 - Prese	nt	Medi	cal Director		Acevedo Medical Care Group				USA	
2000-2017		Famil	y Physician			Wellmax Medic	cal Center		USA	
2000-2017		1 dilli	, i iiyəicidii			TTCIIII I A IVICUIC	car Center		00.1	
Brief Summa	ry of Rolevant Clin	ical Re	saarch Evner	ience:						
Brief Summary of Relevant Clinical Research Experience: Experienced in Pulmonology (Asthma/COPD), Vaccine (Ped & Adult), Dermatology (AD, Acne,) Neurology (Migraine, HA), Psychiatric (MDD, ADHD), Endocrinological (T2DM, Hyperlipidemia), Gastroenterological (Constipation, IBS)										
Signature:						S	Signature l	Oate: (dd-Mmm-yyyy)	
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Document Name: Rodriguez, Hector A - Pfizer Abbreviated CV

Document ID: 852

No. Pages: 1

Statement of Testament: I approve the document **Electronic Signature for:** Hector Rodriguez, MD

Electronically Signed by: hrodriguez Date & Time: 13/APR/2020 1:47 PM EDT

IP Address: 96.84.26.6



Full Name: (Ogbuagu									
Professional M										
	ailing Address									
Street Address:						Other Street A	ddress:			
135 College Str	ect; Suite 323	C (I				Country			Zip/Postal Code:	
City: New Haven		CT	Province:		Country: USA				06510	
Email Address	:		na.ogbua	gu@yale.ed	lu					
	lifications: Associa	ate Prof	essor							
Degree and/or			Date (y	ууу)	_	titution and/or				
MD			2003		Un	iversity of Cala	abar, Cro	ss River	State, Nigeria	
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					<u> </u>					
			T 6:	~ .	<u></u>			Ct		
Medical Licens 49514	se Number			Province				Country		
			icut				USA			
Current Positio	on at Study Site:									
Start Date						Company		Stat	te/Province & Cou	intry
2018 Associate Professor Yale Universit								CT.	USA	
Previous Relev	ant Positions Incl	uding A	cademic	Appointme	nts:					
Start and End	Dates	Title				Institution or	Compan	Y	Country	
2012-2018			tant Profe			Yale University			USA	
2017-present		Direc Progra		cal Trials	Yale University			USA		
2013-present		Visiti	ng Facult	y (ID/Inf.I	Dis)	Nat'l Univers	sity of R	wanda	Rwanda	
Brief Summary	v of Relevant Clin	ical Res	earch Ex	perience:						
research grants									rEP study; and 4 In	
studies	o prior rii v-i ucai	iment st	idies, 5 H	C v treatmen	ni Stuc	iles, 3 HCV assay	y studies,	intensiv	e PK study; and 2	HIV PIEP
Signature:	1	7.					Signatu	re Date:	(dd-Mmm-yyyy)	
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	Last Name		First N	lame			Mic	Idle Name		
Full Legal Name:	Vanchiere		John				An	thony		
Professional	Mailing Address:									
Street Addres	s 1: LSUHSC-Shrev	eport/Departme	nt of Pediatrics	3	Street Address	2: 1501 King	s Hig	hway		
Shreveport		State/Province	ovince: LA Country:			SA		Zip/Postal Code: 71103		
Email Addre		jvanch@lsuh	sc.edu	edu						
Academic Q	ualifications: M.D.,	Ph.D.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				111		
	or Certification	Date ((уууу)		itution and/or					
100 100 100 100 100 100 100 100 100 100	Ph.D. Neuroscience				ory University					
M.D.		1996		Em	ory University	School of M	1edic	ne		
			, m .							
Medical Lice	ense Number	Sta	te/Province			Cou	ntry			
MD023912 LA						USA	Λ			
Current Pos	ition at Study Site:									
Start Date	Title		Institution	or C	ompany		Stat	e/Province & Country		
June 2015	Director of Child Research Center		LSUHSC-S	-Shreveport I			LA/	USA		
Previous Re	evant Positions Incl	uding Academ	ic Appointmen	nts:						
Start and Er	d Dates	<u>Title</u>			Institution or Company Country					
June 2015 -		Professor of			LSUHSC-Sh	reveport		USA		
July 2009 –	June 2015	Associate Pr	ofessor - Ped	S	LSUHSC-Sh	reveport		USA		
June 2007 -	June 2009	Assistant Pro	ofessor – Peds	S	LSUHSC-Sh			USA		
January 200	3 – May 2007	Assistant Pro	ofessor – Peds	S	Baylor Colle	ge of Medici	ne	USA		
Brief Summ	ary of Relevant Clin	ical Research	Experience:							
	basic, translational es 1-4), including d					liseases; 30 N	NIH-	and Pharma-sponsored clinical		
Signature:								(dd-Mmm-yyyy)		
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	Last Name			First N	Vame			Mi	ddle Name	
Full Legal Name:	Klein	***************************************		Nicola					aute Name	
Professional	Mailing Address:								*	
Street Address	s I: nente Vaccine Study	· Center				Street Addres	ss 2:			
City: Oakland		State/ Califo	Province:			Country: United States			Zip/Postal Code:	
	ss: Nicola.klein@kp					omed states		-	94612	
Academic Qu										
	Degree and/or Certification Date (yyyy)						Country			
MD	1991-19				Nev	v York Univers	ity School of N	1edici	ne, USA	
PhD 1989-199						v York Univers	ity School of N	1edici	ne, USA	
Medical Lice	Medical License Number A69589 State/Provi					ia	Cou	ntry (USA	
	ion at Study Site:									
Start Date	Title Institution Co-Director Vaccine Study Kaiser Perm							State	ate/Province & Country	
2006	Center		dy	Kaiser Pern	nanen	Camorin			ornia, United States	
2006	Research Scienti			Kaiser Pern	nanen	te		Calif	ornia, United States	
2006	2006 Senior Physician Kaiser P					te		Calif	ornia, United States	
Previous Rele	vant Positions Incl	uding A	cademic A	ppointmen	its:					
Start and End		Title				Institution or	Company		Country	
n/a				wet we still up to the time! And I have					Country	
Brief Summa	y of Relevant Clin	ical Res	earch Exp	erience:						
Nicola P. Klein 2006. As a ped influences on v studies of vace effectiveness. I sponsored Vac degree and doc Salter Packard	n, MD, PhD, is the I liatrician vaccine res raccine responses, ar ines, biologics, and n addition, she serv cine Safety Datalink ttorate in biochemist	Director searcher nd vacci the epid es as the (VSD) try at Ne at Stanf	of the Kais and clinica ne respons emiology of Chair of the Project and w York Univer-	er Permaner al trial invest es among at- of infectious he California d Clinical In niversity Sch	tigato -risk p disea a Imm nool o	r, her research in populations. She ises, and has purunization Com- ization Safety And Medicine and	nterests include e is the princip blished extensionittee and is the Assessment (CI completed a roto, CA. She also	e vacc al invely of the Prin SA) N esiden so serv	pp in Oakland, California, since cine safety and efficacy, genetic estigator for many ongoing on vaccine safety and neipal Investigator of the CDC- letwork. She received her medical cy in pediatric medicine at Lucile yes as an adjunct clinical	
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l will update adversely affe	and resubmit my a ct the assessment o	bbrevia f my sui	ted CV if the state of the test of the tes	there are ch conduct/pa	ange irticiį	s and particula pate in clinical	orly if there is studies.	any c	hange in status which would	
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