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| APPENDIX C - INVESTIGATORS’ CV SUMMARY | | | **RESEARCH PROTOCOL NO:** | |
| Name of the Investigator: |  | Corp. No:  (if HMC staff) | |  |
| Title: |  | | | |
| Primary Email: |  | Section: | |  |
| Secondary  Email: |  | Hospital/ Institution | |  |
| Phone: |  | Department: | |  |
| Phone: |  | Bleep: | |  |
| Mobile: |  | Fax: | |  |

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| 1. **Professional Qualification** | | | | | | | | |
| Highest Degree: |  | Year: |  | Institute: |  | | Country: |  |
| If other: |  |
| Specialty: |  | | | Sub Specialty: | |  | | |

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| 1. **Publications: Total No. in each Category** | | | | | | | | | |
| Full Manuscripts: |  | Abstracts: |  | | Other(s): | |  | | |
| *List the 5 most recent and relevant publications* | | | | | | | | | |
| **Title** | | | | **Journal** | | **Volume** | | **Year** | **Date** |
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| 1. **CITI Completion History** | | | | | | | |
| **Citi Modules** | **COMPULSORY**  **Y/N** | | **Username CITI Curriculum Completion Report Issued** | | | | **Date of Completion** |
| HIPS |  | |  | | | |  |
| BMR |  | |  | | | |  |
| SBR |  | |  | | | |  |
| GCP |  | |  | | | |  |
| Laboratory Researchers |  | |  | | | |  |
| Biosafety Course |  | |  | | | |  |
|  |  | |  | | | |  |
| **Signature:** | |  | | **Date:** |  |  | | |