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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:** |  |  |