VACCINE RESEARCH TITLE: Training Event Form PEARL RIVER

Doc. Number:

VR-SOP-QU-10321-FM01 Doc. Alias: SPI-1061A Version: 8.0

1. TRAINING EVENT

Table 1. Training Event-Form

Course Number VR-MVP		VR-MVP-10	0074	Version # □NA 1.0		Eff. Date NA DD-MMM-YYYY) 16-NOV-2020		
	Course Title an be abbreviated)	Validation P Assay	rotocol for the SARS-CoV-2 m	NeonGreen Virus N	Aicroneutralizati	on		
Training Method			☐ Interactive (Instructor-led) ☐ Read-Only ☐ Computer-based/e-Learning ☐ Training Credit (Attach Documentation)					
Assessment Method			☐ Skill Assessment/On the Job Training ☐ NA					
	e of Training		☐ Initial ☐ Revision ☐ Refresh		Re-Certification			
	Print N	ame	Signature	Training Date (DD-MMM-YYYY)	P2L NT ID (milgatt)	P/F/NA		
1	(b) (6		DocuSigned by: (b) (6)	16-Nov-2020	(b) (6), (b) (4)	P		
2	Caitlin	Allison De	Grose 31309080F819439 DocuSigned by: Castlin Alliyon De61-02e	16-Nov-2020	(b)(4)	P		
3	George		16DF701C33EF49A Docusioned by:	16-Nov-2020	(b)(4)	P		
4	(b) (6)		F1470A5DA13407— DocuSigned by: (b) (6)	16-Nov-2020	(b) (6), (b) (4)	P		
5	Kent Ozcan		1384FSFA8C7S4EF Docistined by:	16-Nov-2020	(b)(4)	P		
6	Kyle Jacobs		70856486745 Cd54452	16-Nov-2020	(b)(4)	P		
7	(b) (6)		ARETAGERIEFRE467 (b) (6)	16-Nov-2020	(b) (6), (b) (4)	P		
8	(b) (b)	6)	DocuSigned by: (b) (6)	16-Nov-2020	(b) (6), (b) (4	P		
9	N/A		N/A	N/A	N/A	N/A		
10	N/A		N/A	N/A	N/A	N/A		
11	N/A		N/A	N/A	N/A	N/A		
12	N/A		N/A	N/A	N/A	N/A		
_	Γrainer □ NA nt Name	Tyler Gai	rretson Signature/Date	Tyur Garntson BBDD42EAA6C425	er 23, 2 02 0 ^{NA}			
	Co-Facilitator ☒ N. at Name	A	Signat	ture/Date		X NA		
Training Admin			Print Name Signature		Date			

PEARL RIVER

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1. TRAINING EVENT

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1401011	mg 2, cm 1						
Course Number	VR-MVP-10074		Version # □NA 1.0	Eff. Date \(\sup \cong \text{NA} \) (DD-MMM-YYYY) (6-Nov-2020			
Course Title (Can be abbreviated)	Validation P Assay	rotocol for the SARS-CoV-2	k mNeonGreen Virus M	licroneutralization	1		
Training Method		☐ Interactive (Instructor-led) ☐ Read-Only ☐ Computer-based/e-Learning ☐ Training Credit (Attach Documentation)					
Assessment Method		☐ Skill Assessment/On the Job Training ☒ NA					
Type of Training		☐ Initial ☐ Revision ☐ Refresher ☐ Re-Training ☐ Re-Certification					
Print N	ame	Signature	Training Date (DD-MMM-YYYY)	P2L NT ID	P/F/NA		
(b) (6	,	- (D) (b) (b) (c)	16/12/2020	(milgatt) (b) (6), (b) (4)	P		
2 (b) (6	3)	(b) (6)	16 NOV 2020		P		
3 Matherine		CMMUNT	17/10/2020		P		
4 (b)	(6) (b) (b) (6)	(b) (6)	17NOV20		P		
5 (b) (6		(b) (6) (c)	17 NOV 20		P		
6 (b) (l	6)	(b) (6)	16N0120		P		
7 Kelsen Good		Melsey	16 NOV 20		P		
8 (b) (6)	(b) (6) (b) (6)	16 Nov 2040		P		
9 (b) (6), (b)	(4) (b) (6)	(b) (b), (b) (4)	18NOV 2020		P		
10 (b) (b)	(b) (6)	16 Nordode		P		
11 Seema Grea	g Mi	Sic Gangelli	20Nov2020		P		
12 N/A		N/A	N/A	N/A	N/A		
Trainer NA Print Name	yler G	arretson Signature/Di	ate MM	□ NA 20-Nov-2020	0		
☐Co-Facilitator ☒ N Print Name	V		gnature/Date		X NA		
Training Admin		Print Name	Signature	Date			