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NCI BIOGRAPHICAL SKETCH				
Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person.				
First Name	Middle Name/Initial	Last Name		
Bazil		LaBomascus		
Primary Organization Name			CTEP Site Code	
Northwestern University			IL036	
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EDUCATION				
Degree	Field of Study	Completion Year	Institution and Location	
MS	Nutrition Science	2019	University of Illinois at Chicago Chicago, IL	
BS	Human Nutrition	2016	University of Illinois at Chicago Chicago, IL	
PROFESSIONAL TRAINING				
Position	Specialty	From Year	To Year	Institution and Location
Not Applicable				
EMPLOYMENT				
Position	From Year	To Year	Institution and Location	
Clinical Research Coordinator	2019	Current	Northwestern University Chicago, IL	
Graduate Research Assistant	2015	2019	University of Illinois at Chicago Chicago, IL	
PROFESSIONAL CERTIFICATIONS				
Title	Effective Date	Expiration Date	Provider	Country
Not Applicable				
PROFESSIONAL LICENSE				
License Category	License Number	Expiration Date	State and Country	
	Not Applicable			
ABMS BOARD CERTIFICATION				
Specialty	Subspecialty	Effective Date	Expiration Date	Board Eligible/Certified
Not Applicable				

NCI REQUIRED TRAINING					
Course Type	Course Title	Completion Date	Expiration Date	Provider	Country
GCP	CITI Good Clinical Practice	OCT-2022	OCT-2025	CITI	US

OPTIONAL SECTIONS (The following sections are optional for NCI Registration)

A. PERSONAL STATEMENT

NO INFORMATION PROVIDED.

B. MEMBERSHIPS AND HONORS

Professional Memberships

From Year	To Year	Membership
		NO INFORMATION PROVIDED.

Honors

From Year	To Year	Honor
		NO INFORMATION PROVIDED.

C. PUBLICATIONS

Most relevant to the current application

Full Citation

NO INFORMATION PROVIDED.

Additional recent publications of importance to the field (in chronological order)

Full Citation

NO INFORMATION PROVIDED.

D. ADDITIONAL INFORMATION: RESEARCH SUPPORT

Research Support Type: Completed

Research ID	Principal Investigator	From Year	To Year

Research Name: NO INFORMATION PROVIDED.

Description:

Role:

Research Support Type: Ongoing

Research ID	Principal Investigator	From Year	To Year

Research Name: NO INFORMATION PROVIDED.

Description:

Role:

ACKNOWLEDGEMENT

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I attest to the accuracy and integrity of this document and agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

The completed NCI registration documents will be maintained by the Pharmaceutical Management Branch, CTEP as part of your confidential investigator registration file and will be kept private, under the Privacy Act. This information will only be provided (1) to a pharmaceutical company which has an agreement (e.g., a Clinical Trials Agreement [CTA] or a Cooperative Research and Development Agreement [CRADA]) with CTEP if CTEP is notified that a licensing application is being prepared by that company, (2) to a Network or Group of which you are a member if CTEP is notified that a clinical trial is being developed by that Network or Group and a pharmaceutical company with whom you have indicated a financial arrangement, or (3) the Food and Drug Administration. You may be contacted in the future by a pharmaceutical company representative or by your Network or Group administrative staff for additional information.

SIGNATURE

Bazil LaBomascus, MS, BS

Ms. Bazil LaBomascus (AP - 631720)

IL036-Northwestern University

This is an electronic signature and is the legally binding equivalent to a handwritten signature.

DATE

15-AUG-2023 09:24:40 AM EDT

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