

## Personal Information

Academic Title (if applicable):

First Name: Carl

Middle Name (if applicable):

Family Name: Kuvalis

Profession and Discipline: Physician, Neurology

## Site Name and Address where Study will be Conducted & Critical Contact Details

Institution: New Chloe Memorial Medical Center

Department: Clinical Research

Address: 900 Rosetta Groves

Phone: 375.794.9373 x507

Fax: (256) 338-7027 x8224

Email: Karelle.Rosenbaum@gmail.com

## Current Position

Position: Principal Investigator

Institution Name and Department: New Chloe Memorial Medical Center, Clinical Research

Address: 900 Rosetta Groves

Telephone Number: 375.794.9373 x507

Email Address: Karelle.Rosenbaum@gmail.com

## Professional Registration/Medical License

Please list all applicable medical licenses, as per national legislation as well as regions/states/countries in which they are applicable (add further lines as required)

Registration Number:

Registration Body:

Registration expiry date (if applicable):

Registration valid in region/country/state/province (if applicable):

## Education and Qualifications

Please list all relevant medical qualifications (add further lines as required)

Degree/Certificate: MD, Neurology, Harvard Medical School, Boston, USA, 2005

Degree/Certificate: PhD, Neuroscience, MIT, Cambridge, USA, 2008

## Professional Experience

Please list all relevant professional experience preceding 10 years as a maximum (add further lines as required). The clinical research facility where the clinical trial is being performed should be included.

Principal Investigator, South Buckbury Memorial Hospital, Clinical Research, 2015-2024

Sub-Investigator, San Jose Medical Center, Neurology, 2010-2015

## Relevant Clinical Trial/Study Experience

All relevant trials conducted over at least the last five (5) years (add further lines as required).

2019, Phase 3, Interventional, Ongoing, Alzheimer's, Principal Investigator  
2017, Phase 2, Low-Interventional, Completed, Parkinson's, Sub-Investigator

### Training Relevant for Clinical Research

Study-related training received, e.g., investigator meetings, training courses, etc.

GCP Training, Harvard Medical School, 2018

Protocol Training, South Buckbury Memorial Hospital, 2019

I confirm that the information presented above is an accurate representation of my current status.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (DD-MMM-YYYY): \_\_\_\_\_

(Handwritten in case wet signature is provided)

As per national legislation, a signed version of the CV should be included in the eTMF however a signed version may not be required for regulatory review, this should be confirmed nationally. Syneos Health accept electronic signature in accordance with 21 CFR Part 11.

**This document is confidential.**

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Filing Requirement: ISF and TMF