|  |  |
| --- | --- |
| Syneos Health | **Curriculum Vitae** |

**Personal Information**

|  |  |
| --- | --- |
| Academic Title (if applicable): |  |
| First Name: | Van |
| Middle Name (if applicable): |  |
| Family Name: | Ward |
| Profession and Discipline: | Physician, Neurology |

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

|  |  |
| --- | --- |
| Institution | South Easter University Medical Center |
| Department | Clinical Research |
| Address | 822 Giuseppe Branch |
| Phone | (476) 820-1510 |
| Fax | 1-783-936-7945 x8931 |
| Email | Lorenza.Lockman@gmail.com |

**Current Position**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Institution Name and Department | Address | Telephone Number | Email Address |
| Principal Investigator | South Easter University Medical Center, Clinical Research | 822 Giuseppe Branch | (476) 820-1510 | Lorenza.Lockman@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)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| MD | Neurology | Harvard Medical School, Boston, USA | 2005 |
| 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 | 822 Giuseppe Branch | 2015 | 2024 |
| Sub-Investigator | San Jose Medical Center, Neurology | 327 Dicki Stream | 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.

Controlled Document ID: 3220.W10C.01, Effective Date 29-Apr-2022

Filing Requirement: ISF and TMF