

ABBREVIATED CURRICULUM VITAE

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|--------------------------------|---------------------------------|
| Adrienne Michelle Vasquez, LVN | Clinical Research Coordinator I |
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Study Site / Professional Mailing Address

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| Anaheim Clinical Trials 2441 W. La Palma Ave Suite 140 Anaheim, CA 92801 | <i>Phone:</i> 714-774-7777 <i>Fax:</i> 714-778-0667 <i>Email:</i> a.vasquez@cenexel.com |
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Academic Qualifications

| | | |
|-------------|---------------------------------------|-------------------------|
| 2011 – 2013 | Licensed Vocational Nurse | American Career College |
| 2008 – 2011 | Wound Care/ Med – Surg/ Pre & Post Op | Memorial Care |
| 2006 – 2011 | Internal Medicine/ After Care | Pioneer Medical |
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Professional Experience

| Dates (Years) | Title / Position | Institution |
|---------------|---------------------------------|-------------------------|
| 2024 - Pres | Clinical Research Coordinator I | Anaheim Clinical Trials |
| 2021 - Pres | Research Nurse II | Anaheim Clinical Trials |
| 2021 - 2023 | Surgical PACU Nurse | Anaheim Clinical Trials |
| 2020 - 2021 | Research Nurse | Anaheim Clinical Trials |
| 2014 - 2020 | Research Nurse | Anaheim Clinical Trials |

Summary of Experience

AM, PM, NOC shift, Surgical experience. Admissions, Preforming Procedures: blood draw, Taking and reading blood pressure values, Heart rate reading, Monitoring Respiratory, Taking and reading Temperature values, Taking and reading pulse oximeter, ECG Set-Up, Telemetry Set-Up and Monitoring, Post Op-Care, IV infusion Set-Up, Delegating, Leadership, Discharging, Doser/Verifier for Oral, Intramuscular, subcutaneous, Topical, IV Infusion. Troubleshooter, Mediator. Creating procedure logs. Surgical Pre-Op-Care, Post Anesthesia Care Unit (PACU), Surgical Post Op-Care

Study Type

| | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Government | <input checked="" type="checkbox"/> Industry | <input type="checkbox"/> Investigator-Initiated |
| <input type="checkbox"/> Other (please specify) | | | |

Clinical Study Phases

| | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Phase I | <input checked="" type="checkbox"/> Phase II | <input checked="" type="checkbox"/> Phase III | <input checked="" type="checkbox"/> Phase IV |
|---|--|---|--|

Therapeutic Areas of Expertise

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|---------------|---|
| Wound Care | Pain Management |
| Surgical Care | Columbia – Suicide Severity Rating Scale (C-SSRS) |
| DM II | |

Professional License

| Type | License # | Issuing Authority | Expiration date |
|---------------------------|-----------|---|-----------------|
| Licensed Vocational Nurse | 277619 | Board of Vocational Nursing and Psychiatric Technicians | 31-Jul-2025 |

By signing this form, I confirm that the information provided is accurate and reflects my current qualifications.

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| <i>Signature</i> | <i>Date of Signature</i> |
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