



Abbreviated Curriculum Vitae (CV)

First Name: _____
Middle Name: _____
Last Name: _____
Profession: Study Coordinator/Data Manager at Oncology Clinical Trial Office (OCTO)
Affiliation Name: I.R.C.C.S. San Matteo University Hospital Foundation
Address: _____
City: _____
Postal Code: _____
State/Region/Province: _____
Country: Italy
Phone: _____
Extension: _____
Fax: _____
Email:s. _____
Study Location Name (if different): _____
Address : _____
City: _____
Postal Code: _____
State/Region/Province: _____
Country: _____
Phone: _____
Extension: _____
Fax: _____
Email (if different): _____

EDUCATION

University	Degree	Year Completed
University of Pavia - Italy	Master Degree Pharma. Biotech.	July 2022
University of Catania - Italy	First Level Degree Biology	December 2018

MEDICAL EDUCATION

University	Degree	Year Completed
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PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING			
Institution	Medical Field	Year (Completed)	
SIFI S.p.A	Clinical Development	April 2023	
Humanitas Istituto Clinico Catanese	Internship	April 2022	

Professional License Number:
 State/Region/Province:
 Expiration Date:
 Research Area(s) of Interest:
 Clinical Trial Phases: I II III IV

List your most Current Clinical Research below:

Therapeutic Area:	Type of Trial	Phase:	Completed	On-Going
Oncology	Industry		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oncology	Industry		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>
	Choose an item		<input type="checkbox"/>	<input type="checkbox"/>

GCP Training Documentation (Course Provider/Year Completed): 19/09/2022

I hereby give my permission for my personal information to be handled pursuant to the existing privacy policy (Legislative Decree 30 June 2003, n. 196 "Civil code covering the handling of personal information).

By signing this form, I confirm that the information provided on this Abbreviated CV is accurate and reflects my current employment and qualifications:

Signature: _____

Date: ____/____/____