

Statement of Education and Qualifications

First Name	Last Name	Academic Qualification
Laura	Crudi	Pharmacist

Address

IRCCS IRST - Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori
Via Piero Maroncelli 40, Meldola (FC) 47014, Italy

Telephone Number	FAX Number	e-mail
<i>specific for clinical trials</i>		

Education and Training

Name and Location of Institution	Degree and Year Awarded	Area of Study
Università degli Studi di Bologna	Specialization – 2008	Hospital Pharmacy
Università degli Studi di Bologna	University Degree – 2003	Pharmacy

Professional Experience/Other Related Training

Position/Title	Name and Location of Institution	Dates
Hospital Pharmacist	IRCCS IRST, Meldola (FC)	Mar 2018 - ongoing
Hospital Pharmacist	Ospedale G.B Morgagni Pierantoni Forlì (FC)	Nov 2013 - Feb 2018
Hospital Pharmacist	Ospedale Infermi Rimini	Jul 2004 – Jan 2007

Training on GCP: YES If yes, specify below NO achieved on 15 May 2018

I am qualified by education and experience to assume responsibility for the proper conduct of trial and to have knowledge ad to comply with the Good Clinical Practice (GCP)

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

Date	Signature