

Statement of Education and Qualifications

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name (First, Middle, Last)

Academic Qualification(s) (e.g. MD, MBBS, Medical License Number, etc)

MARIA AURELIA BARBERA	MD Medical license N° 16618
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Address (Name of Institution, Street, City, Postal Code, State or Province (if applicable), Country)

Unità Operativa di Oncologia Medica- Ospedale Civile degli Infermi Viale Stradone 9, 48018 Faenza (Ravenna) ITALY
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Telephone Number (Country Code, Area Code, Number) **FAX Number** (Country Code, Area Code, Number)

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Email Address

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Education and Training (List all Colleges, Universities and Medical Schools attended, postdoctoral/fellowship training, board certification/medical license)

Name and Location of Institution (City, State or Province and Country)	Degree and Year Awarded	Area of Study
Bologna University	Medical Doctor (2011)	Medicine
Bologna University	Board certified (2018)	Oncology

Professional Experience

Position/Title	Name and Location of Institution (City, State or Province and Country)	Dates (Start/Stop Dates as applicable)
Medical Oncologist	Unità Operativa di Oncologia FAENZA	2018-ONG

Previous participation in clinical trials

Indication of Trial	Clinical Phase of Trial (I-IV)	Role in Trial (e.g. Investigator, Sub-Investigator)	Year in which trial was conducted
Hepatocarcinoma	III	Sub investigator	2012
Hepatocarcinoma	III	Sub investigator	2015
Colon cancer	III	Sub investigator	2017
Breast cancer	III	Sub investigator	2018

Training on ICH/GCP: YES If yes, specify below NO

Document type of training and year when training was conducted
 GCP Training performed on 14 SEP 2021

Other documents evidencing experience or expertise attached:
 YES If yes, specify below NO

I authorized to the treatment of personal data in according to decree 196/03 and to regulation UE 2016/679 (GDPR).

Signature (if required)

Date

	03/12/2021
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