

## Statement of Qualifications/Abbreviated CV of Investigator

**Name** (First Name Last Name and Academic Qualification(s))

Arbana Dizdari, MD

**Address** (Name of Institution, Street, City, State, Postal Code, Country)

Azienda USL della Romagna - Ravenna  
 Ospedale di Ravenna  
 U.O. Ematologia  
 Viale Randi 5  
 48121 Ravenna  
 Italy

**Education and Training** (From baccalaureate through postdoctoral/fellowship training)

Name of Institution and Location	Degree and Year Conferred	Area of Study
University of Tirana	Medical Doctor 1991	Medicine and Surgery
University of Ferrara	Medical Doctor 2000	Medicine and Surgery
University of Florence	Specialization 2005	Hematology

**Certification/Medical Licensure/License/Approval to conduct Clinical Research** (If applicable)

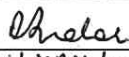
Type/State	Year Issued	Number
NA		

**Professional Experience** (Current and Previous Positions)

Position	Institution/Employer and Location	Dates of Employment
Physician	U.O. Ematologia - Ospedale di Ravenna - Azienda USL della Romagna - Ravenna	From: 2016 To: Present
Physician	Seragnoli's Institute of Hematology, Sant'Orsola Malpighi Hospital Bologna	From: 2000 To: 2016
Physician	Oncology Institute at University Medical Center "Mother Theresa" Tirana	From: 1992 To: 1997

**Relevant Clinical Trial Experience** (or GCP training)

Sub-Investigator in many ICH GCP Clinical Trials on Haematology.  
 Update on GCP ICH rev 2 within last year.

I hereby certify that this document is an accurate representation of my qualifications.	For translation of non-English CV, please complete below. I hereby certify to the best of my knowledge that the English text of this document represents an accurate translation of the original CV provided.
	Translator Name
Investigator Signature	Translator Signature
 Date 21 MAY 2020	Date