

## ABBREVIATED CURRICULUM VITAE



First, Middle, Last Name: Alberto Di Carlo

Job/Professional Title: DOCTOR/  
INVESTIGATOR

### Name & Critical Contact Details

Company/Institution Name: Azienda USL Toscana Nord Ovest  
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Address2: N/A  
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Phone: 0583970073  
Fax Number: N/A  
Mobile/Cell Phone: N/A

### Facilities Affiliations

Primary Facility	Facility/Department Name	Address
N/A	N/A	N/A

### Education

Degree/Certificate	Institution	Specialty	Year Completed
Medical Specialization	University of Pisa	Internal Medicine	2003
Medical Specialization	University of Pisa	Endocrinology and metabolic diseases	1992
Master's Degree	University of Pisa	Medicine and Surgery	1987

### Professional Experience

Job Title	Institution/ Department	Year Started	Year Completed
Medical Manager	Simple structure of diabetology and metabolic diseases of Lucca – USL TOSCANA NORD OVEST	2010	On Going
Medical Executive 1° Level	Department of metabolic diseases and diabetology - USL N.2 LUCCA	1993	2010
Doctor	Usl Toscana Nord Ovest	1993	On Going
Doctor- Investigator (Fellowship)	Washintong University School Of Medicine	1991	1992

### License Details

Type of License	License Issuer	Professional License Number	State, Province or Region	Country	Issue Date	Expiration Date
Professional Register	Order of Doctor Surgery and Odontoiatric- Pisa	3772	Italy	Italy	1988	N/A

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**Good Clinical Practice (GCP) Training Details**

Course Provider	Title of Training	Version	Date Completed
Brookwood Global	Essential GCP for Investigators	E6(R2)	14 September 2020

**Research Experience**

**STUDY TYPE**

<input type="checkbox"/> Academ	<input type="checkbox"/> Governm	<input checked="" type="checkbox"/> Indust	<input type="checkbox"/> Investigator-
<input type="checkbox"/> Other / Please			

**CLINICAL STUDY PHASES**

<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II	<input checked="" type="checkbox"/> Phase III	<input checked="" type="checkbox"/> Phase IV
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**THERAPEUTIC AREA(S) OF EXPERTISE**

Therapeutic Area	Sub-Therapeutic Area
Diabetology	Antidiabetic Drugs

**TOTAL CLINICAL RESEACH EXPERIENCE**

Therapeutic Areas	Sub-Therapeutic Area	Number of Completed Studies	Number of Ongoing Studies
Diabetology	Antidiabetic drugs	10	1

**SIGNATURE**

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

Signature:

[Redacted Signature]

Date:

16-DEC-2021