

Abbreviated Curriculum Vitae (CV)

First Name: Luigi
Middle Name:
Last Name: Coltelli
Profession: Oncologist
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Study Location Name
(if different):

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Country:

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EDUCATION

| | University | Degree | Year Completed |
|--|--------------------|----------------------------|----------------|
| | University of Pisa | Medicine and Surgery | 2003 |
| | University of Pisa | Specialization in Oncology | 2008 |

MEDICAL EDUCATION

| | University | Degree | Year Completed |
|--|--------------------|----------------------------|----------------|
| | University of Pisa | Medicine and Surgery | 2003 |
| | University of Pisa | Specialization in Oncology | 2008 |

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PROFESSIONAL EXPERIENCE/OTHER RELATED TRAINING

| Institution | Medical Field | Year (Completed) |
|--|---------------|------------------|
| U.O.C. Medical Oncology, "Spedali Riuniti", USL6, Livorno (Italy) | Oncologist | 2003 |
| U.O.C. Medical Oncology, Civil Hospital of Portoferraio, USL6, Livorno (Italy) | Oncologist | 2009 |
| U.O.C. Medical Oncology of Livorno and Pontedera, ATNO (Italy) | Oncologist | Ongoing |

Professional License Number: 2820

State/Region/Province: Italy/Tuscany/Lucca

Expiration Date: NA

Research Area(s) of Interest: Oncology

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 | II, III, IV | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Oncology | Academic | II, III, IV | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Oncology | Investigator Initiated | II, III, IV | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Oncology | None | II, III, IV | <input checked="" 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"/> |

GCP Training Documentation (Course Provider/Year Completed): Jul 20, 2020

ICH GOOD CLINICAL PRACTICE E6 (R2)

I authorise the use of my personal data in compliance with Legislative Decree 196/03 and art. 13 GDPR 679/16.

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

 Date: 28/06/2022