Investigator Curriculum Vitae

adopted for Hungary v 2.0

This template has been developed and endorsed by the EU Clinical Trials Expert Group to comply with Regulation (EU) No. 536/2014 Clinical Trials on Medicinal Products for Human Use.

This template may be used by Sponsors/local representatives of clinical trials as part of the application dossier. A separate document should be completed and submitted for each site. All boxes should be filled in.

EU CT number of the trial: ……………………………………………………………………………………………….

Title of the trial: ……………………………………………………………………………………………………………….

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| **Personal Information** | |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Profession:** | Click or tap here to enter text. |
| **Current position:** | Click or tap here to enter text. |

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| **Professional Registration[[1]](#endnote-1)** | |
| **Registration number:** | Click or tap here to enter text. |
| **Registration body:** | Click or tap here to enter text. |
| **Registration expiry date (if applicable):** | Click or tap here to enter text. |

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| **Education and Qualifications[[2]](#endnote-2)** | | |
| **Institution name** | **Qualification** | **Year** |
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| **Current employment** | |
| **Institution name:** | Click or tap here to enter text. |
| **Department:** | Click or tap here to enter text. |
| **Institution address:** | Click or tap here to enter text. |
| **Telephone number:** | Click or tap here to enter text. |
| **E-mail address:** | Click or tap here to enter text. |

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| **Professional experience[[3]](#endnote-3)** | | | |
| **Position** | **Institution name and department** | **Start year** | **End year** |
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| **Relevant clinical trial/study experience[[4]](#endnote-4)** | | | | | |
| **Investigator role** | **Therapeutic area** | **Type of trial** | **Year started** | **Phase** | **Ongoing** |
| Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Choose an item. |
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| **Training** | | |
| **Research training (including GCP)** | **Institution name** | **Year obtained** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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I hereby declare that I am familiar with the Hungarian legislation referring to the conduct of clinical trials, and I will comply with their provisions.

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| --- | --- |
| **Date completed:** | Click or tap to enter a date. |
| **Signature:** | Click or tap here to enter text. |

1. As per national legislation [↑](#endnote-ref-1)
2. Relevant to be an investigator [↑](#endnote-ref-2)
3. This should cover the preceding 10 years as a maximum. [↑](#endnote-ref-3)
4. This should cover the preceding 10 years as a maximum and all ongoing studies should be included. [↑](#endnote-ref-4)