

CURRICULUM VITAE

STUDY ROLE:

Principal Investigator
 Sub-Investigator
 Study coordinator
 Other: _____

PERSONAL:

Full name (First, Middle, Last)

Andrey Shkuro	Academic Qualification (e.g. MD, PhD): MD, PhD Medical License Number: TB № 593579
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Current position / Job title

Head of clinical diagnostics laboratory

Site / Institution full name

Road Clinical Hospital of Public Corporation "Russian Railways"

Site / Institution address (full work address including street, city, postal code, country):

27, Mechnikova prospect, Saint-Petersburg, 195271, Russia

Site's phone / fax

Email address:

+7 812 543 58 21	NA
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EDUCATION:

(list of colleges, universities and medical schools attended including postdoctoral / fellowship training, including certification / medical license)

Year completed	Name and location of Institution (city, country)	Qualification (area of study)	Degree (e.g. MD, specialist, PhD)
2013	North-West State Medical University n.a. I.I. Mechnikov, Saint-Petersburg, Russia	Clinical Laboratory Diagnostics	Specialist Certificate 017814 0000338
2004	Saint-Petersburg Military Medical Academy, Saint-Petersburg, Russia	Clinical Laboratory Diagnostics	PhD
2003	Saint-Petersburg Military Medical Academy, Saint-Petersburg, Russia	Clinical Laboratory Diagnostics	Specialist
1990	Saint-Petersburg Military Medical Academy, Saint-Petersburg, Russia	General Medicine	Medical Doctor Diploma TB № 593579

PROFESSIONAL EXPERIENCE:

From (year)	To (year)	Name and location of Institution (city, country)	Position / Title
2003	present	Road Clinical Hospital of Public Corporation "Russian Railways", Saint-Petersburg, Russia	Head of clinical diagnostics laboratory

From (year)	To (year)	Name and location of Institution (city, country)	Position / Title
2000	2003	Road Clinical Hospital of Public Corporation "Russian Railways", Saint-Petersburg, Russia	MD
1990	2000	Russian Army, various locations, Russia	Military Doctor

EXPERIENCE IN CLINICAL TRIALS: No Yes (If yes, indicate below)

Year trial started	Indication of the trial	Clinical Phase (I-IV)	Completed	Ongoing
2005	Angina	II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GCP TRAINING:

Date of last GCP Training:	
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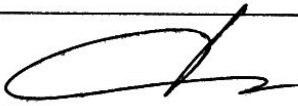
OR

I confirm that I am GCP trained and remain current with requirements to comply with national and international requirements	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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PUBLICATIONS (Total number): 0 1-5 6-10 11-20 >20

LANGUAGES: Russian – native; English – understand/read/write

By signing this form, I confirm that the information provided is accurate and reflects my current employment and qualifications.

Signature	Date (dd/mmm/yyyy)
	18.05 2015