## **Investigator CV**

FULL NAME BRUNO BARSIC	:	First Name SURNAME BRUNO BARSIC
BRUNO BARSIC		DRUNO DARGIC
TITLE (Dr / MD / Prof / PhD/PharmD / Research Nurse)	:	PROF
PRESENT POSITION	:	Head of ICU/ Chair of the Department for Infectious Diseases, School of Medicine, University of Zagreb
MEDICAL LICENCE NO	:	7308
START DATE	:	29.1.2002
WORK ADDRESS	:	Mirogojska 8
WORK TELEPHONE NUMBER	:	2826275
BUSINESS E-MAIL ADDRESS	:	bbarsic@bfm.hr

QUALIFICATIONS/PROFESSION	NAL EXPERIENC	E/GCP TRAINING:

Title	Date Obtained (Chronological Order)	Name of Educational Establishment	City	Country
GCP lecturer	28/JUN/2008	School of Medicine	Zagreb	Croatia

## POSTGRADUATE MEDICAL / OTHER PROFESSIONAL OR SPECIALIST TRAINING:

Institution	Date	Nature of Training/Qualification		
	Day / Month / Year			
	(Chronological Order)			
Clinical pharmacology	1996-1997	Postgraduate studies		
Infectious diseases	1979-1983	Resident		
Infectious Diseases/Critical	1997	Mary Hitchcock Mecial Center, Lebanon, NH		
Care Medicine				

## PREVIOUS POSITION(s) HELD & START / END DATES:

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PREVIOUS POSITION(s) HELD & START / END DATES:								
POSITION	HOSPITAL	START DATE Day / Month / Year (Chronological Order)	END DATE Day / Month / Year (Chronological Order)					
Consultant	Hospital for Infectious Diseases	1984	2002					
Chair Infectious Dieases Department	School of Medicine	2006	present					
Head of the ICU	Hospital for Infectious Diseases	2002	present					

CLINICAL TRIAL EXPERIENCE:							
THERAPEUTIC AREA (Alphabetical Order)	INDICATION	STUDY PHASE		ASE	YOUR ROLE IN STUDY (e.g. Principal Investigator, study nurse, etc)	ADDITIONAL STUDY INFORMATION (Participant Numbers & Year etc).	
		I	II	III	IV		,
Antimicrobial therapy	VAP			х		PI	12
Antimicrobial therapy	VAP			X		PI	8
Fluids	sepsis				X	PI	8
TR701-132	VAP			X		PI	-

MEMBERSHIPS:			
<b>European Society of Intensive Care</b>	Medicine		
<b>European Society of Clinical microb</b>	iology and Infectious I	Diseases	
Croatian Society for Infectious Disea	ases (President)		
Croatian Society of Chemotherapy (	President)		
SIGNATURE:	(Hand written)	<b>DATE:</b> (Day/N	Month/Year)