

# THESIS TITLE

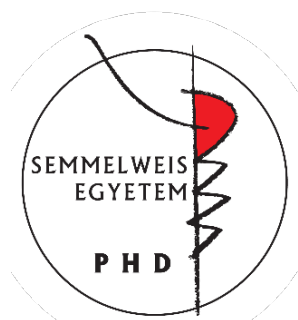
Ph.D. Thesis

**Name of the Candidate (with degree)**

Translational Medicine Program

Name of the Doctoral Division

SEMMELWEIS UNIVERSITY



Supervisor(s):

Official reviewers:

Head of the Complex

Examination

Committee:

Members of the

Complex Examination

Committee:

Budapest

2023

***"Quote."***

*Source of the Quote*

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