

Rabin Medical Center
Helsinki Committee
Tel: +972-3-9377218

Payment request – Helsinki Committee 2016

1. STUDY TITLE:
2. PRINCIPLE INVESTIGATOR: DEPARTMENT: HOSPITAL:
3. HELSINKI COMMITTEE NUMBER:
4. PROTOCOL NUMBER:
5. DATE OF THE NEXT SCHEDULED EC MEETING:
6. SPONSER:
7. CONTACT NAME:
8. TEL NO:
9. THIS IS A PAYMENT REQUEST FOR:

- | | |
|--|------------|
| <input type="checkbox"/> new Helsinki Committee file | - 4000 NIS |
| <input type="checkbox"/> new genetic sub study | - 2000 NIS |
| <input type="checkbox"/> Extension | - 800 NIS |
| <input type="checkbox"/> Protocol amendment | - 800 NIS |
| <input type="checkbox"/> ICF amendment that is not due to Protocol amendment | - 800 NIS |

The payment will be transferred for the attention of: Research Fund, Rabin Medical Center.

Sincerely,
Boaz Tadmor M.D
Head of Research Authority
Rabin Medical Center