



Date: _____

Company's name: _____

Name of Company's contact: _____

Contact's telephone number: _____

Payment Request for Helsinki Fees

Helsinki Number: _____

Protocol Number: _____

Study name: _____

Payment for:

- New submission– 4,000 NIS
- New Genetic Substudy submission– 2,000 NIS
- Continuation protocol – 800 NIS
- Request for changes – 800 NIS

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