

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

Payment request – Helsinki Committee 2019

1. STUDY TITILE:
2. PRINCIPLE IVESTIGATOR: 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:
 - New Helsinki Committee file - 4000 NIS
 - New study that was approved by central Helsinki Committee – 4000 NIS
 - New genetic sub study - 2000 NIS
 - New genetic study (not sub study) – 4000 NIS
 - Extension (also for genetic sub study) - 800 NIS
 - Protocol amendment (including the same amendment in the ICF , genetic sub study protocol amendment – includes in the main study payment) - 800 NIS
 - 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 (Transfer details on the next page).

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

Transfer details:

Account holder : RABIN MEDICAL CENTER
Bank name: HAPOALIM - 12
Branch address: TEL AVIV 98 YIGAL ALON
Branch number: 063
Account Number : 7541
IBAN: IL50-0120-6300-0000-0007-541
SWIFT CODE : POALILIT

Private company number : 589906114