

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

Payment request – Helsinki Committee 2024

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:
 - ☐ New Helsinki Committee file - 7500 NIS
 - ☐ New study that was approved by central Helsinki Committee – 7500 NIS
 - ☐ New genetic study (not sub study) – 7500 NIS
 - ☐ Extension (also for genetic sub study which was not submitted as part of the main study) - 1000 NIS
 - ☐ Protocol amendment (including the same amendment in the ICF , genetic sub study protocol amendment – includes in the main study payment) - 1000 NIS
 - ☐ ICF or Assent amendment that is not due to Protocol amendment or IB amendment - 1000 NIS
 - ☐ IB amendment – 1000 NIS

The payment will be transferred for the attention of: Research Fund, Rabin Medical Center (Transfer details on the next page).

Transfer details:

Account holder : RABIN MEDICAL CENTER

Bank name: HAPOALIM - 12

Branch address: HOLON 26 HAROKMIM

Branch number: 063

Account Number : 7541

IBAN: IL50-0120-6300-0000-0007-541

SWIFT CODE : POALILIT

Private company number : 589906114