



Division of Research & Development

האגף למחקר ופיתוח

Date: _____

Payment request for Helsinki (IRB) fees

1. Study title (English): _____
2. Protocol number: _____
3. Helsinki (IRB) number: _____
4. Principle Investigator: _____ Department: _____
5. Date of Helsinki committee meeting: _____
6. Company's name: _____
7. Name of Company's contact: _____
8. Contact's telephone number: _____ Fax: _____
9. Payment for:
 - New submission- 7,500 NIS
 - Request for study extension - 1000 NIS
 - Request for Protocol changes / Addendum - 1000 NIS
 - Request for Investigator's Brochure changes / Addendum - 1000 NIS
 - * Request for administrative changes and minor, non-essential revisions - no charge
 - Informed Consent & Safety Reports – no charge

Payment should be made upon protocol submission to the committee.

Please make cheque payable to: **The Medical Research, Infrastructure & Health Services Fund of the Tel Aviv Medical Center**

Please send the cheque to the **PI or the clinical trial coordinator** upon protocol submission to the Helsinki committee, **note PI name and Helsinki number.**

Sincerely,

Prof. Eli Sprecher
Deputy Director General
For Research Development & Innovation

Prof. Eli Sprecher
Deputy Director General for
Research, Development & Innovation
Tel Aviv Sourasky Medical Center

I, the undersigned, declare that I am fully aware that payment for the submission is completely independent of the study's approval or disapproval by either the local or national committees or any other external official body.

Sponsor's name

Sponsor's signature

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