



**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
  - Digital Informed Consent (Frontal)- 300 NIS for new submission
  - Digital Informed Consent (Frontal)- 300 NIS for study extension
  - Remote Monitoring via EMR- 1500 NIS for new submission

**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

טל': 03-6974761 | פקס: 03-6925739

טל: \*8801 | www.tasmc.org.il | רח' ויצמן 6, תל אביב, 6423906, 6 Weizman St. Tel Aviv