ועדת הלסינקי Helsinki Committee -
972-35028346 Fax: 972-35028399 Tel:
 email: rinath@wolfson.health.gov.il

**Helsinki Committee Payment Procedures**

**Payment should be made upon protocol submission to the committee .**

Please make check payable to :

Medical Research & Development Fund for Health Services , The Edith Wolfson Medical Center Branch , Holon

**Banking information for the Wolfson Hospital Research Fund**

Bank : Bank Hapoalim

577 Hadekel Branch :

Address : Greenboim 41 , Tel Kabir

City : Tel Aviv

Account number : 500600

Swiftcode :POALILIT

IBAN: IL 20-0125-7700-0000-0500-600

**Helsinki committee payments :**

 1000 $ - new submission\_\_\_

\_\_\_ 200 $ - Request for study extention

Study Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol number : \_\_\_\_\_\_\_\_\_\_\_\_ Helsinki number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principle investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_