



August 4<sup>th</sup>, 2019

TO:  
All Heads of the Medical Departments,  
Doctors, Investigators  
Study Coordinators  
Edith Wolfson Medical Center.

**RE: Updated tariff and guidelines for payment to the helsinki committee**

In accordance with the guidelines of Ministry of Health on medical research in human beings, clause 21 (February 2016) "PAYMENT GUIDELINES", attach the changes in fees and payment guidelines to be instituted from 01.09.2019.

This notification cancels out the previous letter regarding this matter dated 27.5.2018.

Details of the Service Fee's for the Helsinki committee:

1. New submission to the Helsinki Committee	4000 ILS
2. Request for extension of study	800 ILS
3. New Version of Protocol	800 ILS
4. Ammendment to Protocol	800 ILS
5. New version of Investigator Brochure/Consent form	800 ILS
6. New submission of sub-study (genetic)	2000 ILS

Guidelines for payment:

Prior to submitting your research application for approval by the helsinki committee, please transfer the necessary funds to the research fund. This can be paid by cheque or bank transfer (A reference to the Helsinki committee number for the study should be provided).

Proof of payment should be within the submission. (Please see bank details below)

Bank details and invoice for payments are available from the committee secretary.

Only research initiated by investigators connected to Basic sciences and research not sponsored by external funding (partial or full) are exempt from payment for submissions to the Helsinki Committee.

Bank Details:

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

Banking information for the Wolfson Hospital Research Fund:

Bank: Bank Hapoalim; Branch: 638

Adress: Waizman 46. City: Holon

Account number: 413828, Swiftcode:POALILIT, IBAN: IL 53-0126-3800-0000-0413-828





Pharmacy Service fees:

- |   |          |
|---|----------|
| 1. Yearly payment to pharmacy (management of study drug)          | 5000 ILS |
| 2. Each preperation (bag/injection) normal working hours          | 130 ILS  |
| 3. Each preperation (bag/injection) outside working hours         | 500 ILS  |
| 4. Remote Monitoring  | 5000 ILS |
| 5. Each preperation (bag/injection) on weekends and high Holidays | 650 ILS  |
| 6. Cost for preperation of CYTOTOXIC medication to be discussed   |          |
| 7. Cost of transportation will be paid on receipt of an invoice.  |          |

\*\* Pharmaceutical preperation=preperation performed by study certified pharmacist that includes the study drug in a specific dose determined for a specific subject as a single dose.

PAYMENT PROCEDURE:

Please include 15% overhead fees in pharmacy payments.

Helsinki study number needs to be provided with payment.

All enquiries relating to the pharmacy should be referred to Mr. Mohammed Agbaria.

Email: [Anatam@wmc.gov.il](mailto:Anatam@wmc.gov.il)

