**FINANCIAL REPORT OF THE STUDY**

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| **Principal Investigator** |  |
| **Study code** |  |
| **Title** |  |
|  |
| **Sponsor** |  |
| **CRO** (if applicable) |  |
| **Type of sponsor:** [ ]  Commercial [ ]  Scientific group [ ]  Non-profit institution [ ]  Independent researcher In the case of a **NON-COMMERCIAL** sponsor, does the research project have a source of funding?  |
| [ ]  No |
| [ ]  \*Yes*(you must attach the filled-out invoice request form)*  |
| [ ]  \*Not currently, but we have applied for a grant—pending approval*(you must attach the temporary waiver of fees)*  |
| *\* If yes, please provide the following information:* |
| **Source of funding** (Agency, company, institution, etc.) |  |
| **Available / requested funds** |  |

**COSTS OF CONDUCTING THE STUDY**

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| --- |
|  |
| **ITEMISED COST PER ASSESSABLE PATIENT** |  |
|  |
| - Remuneration of the research team  |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |
| Total |  |  |  |
|  |
| -Other expenses:(Additional analyses and tests, reimbursement for expenses and/or compensation for the subjects, purchase of equipment, sample management, REC fees, administrative management fees, etc.)  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| Total |  |  |  |
|  |
| **A. TOTAL EXPENSES PER assessable PARTICIPANT**  |  |
|  |
| **B. Expected NUMBER OF PARTICIPANTS** |  |
|  |
| **TOTAL** (**A** x **B**) |  |

In case of **CLINICAL RESEARCH WITH MEDICAL DEVICES**, check the box that applies:

[ ]  The investigational device is commonly used in the HUGTiP.

[ ]  The investigational device will be provided to the site for the first time to be used in this study. The sponsor undertakes to provide the HUGTiP with the device without any costs to conduct the study.

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| **RELEVANT INFORMATION / ADDITIONAL COMMENTS** |
|  |

The sponsor / CRO / Principal Investigator undertakes to notify of any change in the funding of the study.

Signed in Badalona, 26/11/2020

Name and surname:

Sponsor/CRO/Principal Investigator (select one)