

Faculty of Medicine The Chinese University of Hong Kong

Clinical Trial Insurance

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Ref No.:		

I. Applicant's Section															
Name of Principal Investiga	Prof./Dr.														
Department															
Address															
Contact	Tel.						Ema	il Ad	dress						
Project Title															
CRE Ref. No.															
II. No. of Human Subjects															
Last approved:															
Addition of study subjects							Reduction of study subjects								
No. of study subjects to be	added:						No. of study subjects to be	reduc	ed:						
Total no. of study subjects:							Total no. of study subjects:								
*delete as appropriate															
- For total no. of subjects within 100, the premium is *Addition / Reduction of subjects x HK\$200 = HK\$ - For total no. of subjects between 101 and 200, the premium is *Addition / Reduction of subjects x HK\$100 = HK\$ Note: For no. of subjects more than 200, no cost is required.															
Additional Premium settled by							Refund of Premium settled by								
☐ Cheque (No)		□ Cheque (No)								
Bank							Bank								
☐ Internal Transfer (please complete the account details below) ☐ Internal Transfer (please complete the account details below)										pelow)					
		(Debit)						To: (Credit)							
COMPANY CODE	(in case	e of additional subjects)					COMPANY CODE	(in case of refund) C 0 0 1							
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ACCOUNT CODE	5 5	3	5	0	4		ACCOUNT CODE	5	5	3	5	0	4		
CHECKED/RECEIVED BY DEPARTMENT							CHECKED/RECEIVED BY DEPARTMENT								
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DATE						DATE									
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Applicant's signature:						Date	: :								