



Faculty of Medicine
The Chinese University of Hong Kong
Clinical Trial Insurance – Application Form

Ref No.: _____

I. Applicant's Section																																																																																	
Name of Principal Investigator	Prof./Dr.																																																																																
CU Honorary Title (if any)																																																																																	
Department																																																																																	
Address																																																																																	
Contact	Tel. _____ Email: _____																																																																																
Project Title																																																																																	
II. Documents Required																																																																																	
<input type="checkbox"/> Copy of Updated Clinical Research Ethics Committee Approval <input type="checkbox"/> Study Protocol																																																																																	
III. Payment Arrangement																																																																																	
(* HK\$200 for first 100 subjects, HK\$100 for 101-200 subjects, and no extra cost for more than 200 subjects)																																																																																	
No. of subjects stated in the protocol: _____																																																																																	
Total Premium payable: (_____x HK\$200 + _____x HK\$100) = HK\$ _____																																																																																	
• If less than the no. of subjects stated in the protocol, please provide justification: _____																																																																																	
Premium settled by: <input type="checkbox"/> Cheque Cheque No. _____ Bank _____ Receipt required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interdepartmental Transfer Please complete the account details * Payment will only be effected upon acceptance from Insurer	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>CHECKED / RECEIVED BY DEPARTMENT / UNIT</td> <td colspan="7"></td> </tr> <tr> <td>APPROVED BY HEAD</td> <td colspan="7"></td> </tr> <tr> <td>COMPANY CODE</td> <td>C</td> <td>0</td> <td>0</td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>COST CTR/PROJECT / BUSINESS AREA CODE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ACCOUNT CODE</td> <td>5</td> <td>5</td> <td>3</td> <td>5</td> <td>0</td> <td>4</td> <td></td> </tr> <tr> <td>CHECKED/APPROVED BY BURSARY</td> <td colspan="7"></td> </tr> <tr> <td>INITIALS OF CHEQUE SIGNER(S)</td> <td colspan="7"></td> </tr> <tr> <td>POSTING DATE</td> <td colspan="7"></td> </tr> <tr> <td>DATE OF CHEQUE</td> <td colspan="7"></td> </tr> <tr> <td>DOCUMENT NO. / INTERCOMPANIES NO.</td> <td colspan="7"></td> </tr> </table>	CHECKED / RECEIVED BY DEPARTMENT / UNIT								APPROVED BY HEAD								COMPANY CODE	C	0	0	1				COST CTR/PROJECT / BUSINESS AREA CODE								ACCOUNT CODE	5	5	3	5	0	4		CHECKED/APPROVED BY BURSARY								INITIALS OF CHEQUE SIGNER(S)								POSTING DATE								DATE OF CHEQUE								DOCUMENT NO. / INTERCOMPANIES NO.							
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1. I hereby confirm that the proposed trial has not been rejected by any ethics committee in any territories. 2. I hereby certify the correctness of the above-mentioned information. 3. I have read and understand the prevailing CUHK policy, terms and conditions for Clinical Trial Insurance and shall abide by these policies and any subsequent amendment thereto.																																																																																	
Applicant's signature: _____	Date: _____																																																																																
IV. Clinical Research Ethics Committee's Section																																																																																	
Approved by CREC Committee <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																	
Protocol No.: _____	CRE Ref. No.: _____																																																																																
Authorized Chop and signature: _____	Date: _____																																																																																