



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.	Contact Person:
CU Honorary Title (if any)		Tel:
Department		Email:
Address		
Contact	Tel:	Email:
Project Title		

II. Documents Required: 1. Copy of Updated Clinical Research Ethics Committee Approval 2. Study Protocol

III. Study Sites (You may select one or more options)

1. Hong Kong Site(s), please specify: _____

If the study is a multi-site study, is the Principal Investigator a lead PI? Yes No

2. Outside Hong Kong, please specify: _____ (For reference only: Clinical trials outside Hong Kong and Singapore are not covered.)

IV. Type of Study

Phase 1 Phase 2 Phase 3 Phase 4

Others, please specify: _____

V. 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\$ _____

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 * <i>Payment will only be effected upon acceptance from Insurer</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <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:
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IV. Clinical Research Ethics Committee's Section

Approved by CREC Committee Yes No

Protocol No.: _____ CRE Ref. No.: _____

Authorized Chop and signature:	Date:
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