The Ethics Committee charges statement fee for a given statement (according to Ministry of Social Affairs and Health). Fill in the sections 2, 3, 4 and 5 for the invoicing.

|  |  |
| --- | --- |
| 1 Invoiced by |  |
| Hospital District of Southwest Finland/ Ethics Committee |
| 2 Invoice recipient/payer | Official name | Business identity code |
|       |       |
| Contact person  |
|       |
| Address |
|       |
| 3 Contact person of the research | Name |
|       |
| Telephone number | E-mail address |
|       |       |
| 4 Invoicing addresscover(Only filled in, if the invoicing address is different from the invoice recipient's address) | Company/ person |
|       |
| Address |
|       |
| 5 Reference information mentioned on the invoice | The research's code, EudraCT-number, other references in order to individualize the invoice |
|       |
| 6 The Ethics Committee's statement | Register number | Date of meeting and the extracts number |
| ETMK      /20   |   .  .20         § |
| 7 Appendices |       |
| 8 Invoice EUR net (VAT 0 %) |        EUR |

|  |  |  |  |
| --- | --- | --- | --- |
| 9 Posting | Unit in charge | Project | Account |
|  | kp 0110 | 00180 | 31900 |

|  |  |  |  |
| --- | --- | --- | --- |
| 10 Date and invoice request by | Date (of the meeting) | Invoice request by | Telephone number |
|  |       | Aila Hinkkanen | +358 (0)2 313 0047 |