
	<b>FORM</b>	<b>FOR-DIIS-032</b>
	<b>DETAILED TOTAL NATIONAL TRIAL BUDGET CLINICAL</b>	<b>Edition No. 01</b>

1. GENERAL INFORMATION ABOUT THE CLINICAL TRIAL	
<b>Clinical Trial Title:</b> (Enter as it appears in the REPEC)	
<b>INS Clinical Trial No.:</b>	
<b>Total Duration of the Clinical Trial:</b>	
<b>Number of subjects to be enrolled in the country:</b>	

2. CLINICAL TRIAL BUDGET IN THE COUNTRY	
<p>The information required in this form that does not apply to the clinical trial must be filled out with the initials NA (Not Applicable). If you consider any additional information important, you can attach it as an annex.</p>	
<b>Personal</b>	<b>Amount in soles S/.</b>
• Monitor	
• Principal investigators/subinvestigators	
• Support staff/others	
<b>Materials and Supplies</b>	
<b>Equipment and goods</b>	
<b>Compensation to research subjects for extraordinary expenses and loss of productivity resulting from their participation in the clinical trial.</b>	
<b>Financial fund for free care and treatment of the research subject in the event of any adverse event resulting from the clinical trial.</b>	
<b>Diagnostic support tests</b>	
• Laboratory	
• Procedures (if applicable)	
<b>Overhead/Others</b>	

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I declare that the total budget of the Clinical Trial amounts to S/ ..... soles which will be funded by the sponsor.....

### 3. COMPANY

I declare that the information provided is true and I authorize the verification of the declaration in accordance with the "Principle of Presumption of Truth" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - General Administrative Procedure Law, approved by Supreme Decree 004-2019-YOUR.

In token of conformity, I sign this document.

City,.....of.....of 20...

\_\_\_\_\_  
Name and signature

D.N.I / C.E.

Legal Representative

(According to FOR-DIIS-028 numeral 2.3)