
	FORM	FOR-OGIT-032
	DETAILED TOTAL NATIONAL BUDGET OF THE TRIAL CLINICAL	Edition No. 02

1. GENERAL INFORMATION OF THE CLINICAL TRIAL	
Clinical Trial Title: (Enter as it appears in the REPEC)	
INS Clinical Trial No.:	
Total Duration of the Clinical Trial:	
Number of subjects to enroll in the country:	

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

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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 what was declared 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 - Law of General Administrative Procedure, approved with Supreme Decree 004-2019-JUS.

As a sign of agreement, I sign this document.

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

Name and signature

DAYS/CE

Legal representative

(According to FOR-OGITT-028 section 2.3)