

University of Santo Tomas Hospital



F1-AC-MEMO NO. 005-22

TO

: ALL COMPANIES SPONSORING CLINICAL TRIALS

STUDENTS FROM FACULTY OF MEDICINE AND SURGERY (FMS)

TRAINEES CONSULTANTS

FROM

: HEAD, ACCOUNTING DEPARTMENT

SUBJECT

: AMENDED RESEARCH ETHICS COMMITTEE (REC) FEES

DATE

: AUGUST 1, 2022

Please be informed of the following new Research Ethics Committee (REC) Fees effective August 1, 2022:

1. For company sponsored clinical trials:

	Particulars	Amount		
1.	Institutional Fee	10% of the total study budget		
2.	Administrative & Research Fee	P 150,000.00 per annum or 10% of the total budget whichever is higher (storage, room rental, utilities(excluding additional refrigerators), maintenance of the area)		
3.	Procedural Fees (if applicable) Total procedural fees per patient for the ent duration of the study			

All amounts indicated above should be net of applicable taxes.

2. Review Fee rates:

Fees	Students from Faculty of Medicine and Surgery (FMS)	Trainees	Consultants	Clinical Trial
Initial Review	P 7,500.00/group	P 1,500.00	P 5,000.00	P 60,000.00
Continuing Review	Waived	Waived	P 2,000.00/year	P 15,000.00/year
Amendment	Waived	Waived	Waived	P 7,500.00/year

For on-line payments, below are the UST Hospital's bank details:

Payee Name/Beneficiary	UNIVERSITY OF SANTO TOMAS HOSPITAL
Bank Name	SECURITY BANK CORPORATION
Bank Address	Q. PAVILLION UST ESPAÑA BLVD., SAMPALOC MANILA 1008 PHILIPPINES
Branch	UST BRANCH
Bank Account No.	0171-008-008-011
Swift Code	SETCPHMM

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"Let us keep the tradition of caring and healing which the University of Santo Tomas Hospital is known for."

España Blvd., Manila 1015 Philippines, Tel. Nos. (632) 731-3001 to 29; 731-3901 to 15; 731-0316 to 20; http://www.usthospital.com.ph



Corporate Social Responsibility for the Years 2019 & 2020
Health Promotion Initiative of the Year 2020
HEALTHCARE ASIA

ANA ROS 2020

TAX ID No.	000-508-837-001		
Contact Information	Name: MAYVELYN P. URI Tel. No.8749-9720/8731-3001 loc. 2424 Email: cashier@usthospital.com.ph		
Payee Address	ESPAÑA, BLVD, MANII A 1015 PHILIPPINES		

Kindly provide the UST Hospital Cashier Section of documents as proof of remittance for verification with the bank and issuance of Official Receipt which shall be at net of any bank charges.

This supersedes FI-AC-MEMO NO. 159-22.

Thank you very much.

MICHELLE D. PERALTA

Noted:

AUG 10 2022

REV FR. ROMAN L. SANTOS, OP

Director for Finance

cc: Office of the CEO

Office of the Medical Director

Research Ethics Committee (REC)

Department of Medical Education and Research (DMER)