

PROCEDURES FOR CLINICAL TRIAL AGREEMENTS TO BE SIGNED WITH COMPANIES FOR THE FIRST TIME

DOCUMENTS TO BE SUBMITTED TO THE DEAN'S OFFICE

- Cover letter addressed to the Dean's Office of KTU Faculty of Medicine by the company.
- Budget [form](#) approved by the Chief Physician of Health Application and Research Center.
- Approval letter by the Ministry of Health regarding the research.
- Ethics committee decision of the relevant research.
- Approval letter of the Faculty of Medicine Scientific Research Ethics Committee regarding the research.
- Agreements signed by the company representative and the project coordinator (They can be copied as many as the number determined by the company, one original document will be submitted to our Dean's Office, and the others will be returned.)
- Payment receipt of Clinical Trial Startup-Application Fee and support fee. (25000 TL per year)*

*It is required to deposit the fee by calculating "duration of the study X 25000 TL" as specified in the Clinical Trial Agreement to the account number specified below and attach the receipt to the application file. It is in accordance with the KTU Administrative Board's Decision, numbered [1640](#).

- Pursuant to the decision of our Faculty Administrative Board numbered 2022-42/11, within the scope of clinical trial agreements carried out in our Faculty's Clinical Research Center, it has been decided to make the researcher payments by the relevant firm, company, etc. through our University's Office of Revolving Fund. For that reason, this principle is required to be included in the agreements.

In the contracts, the Inspection-Service Fee will be determined as 3 (three) times the Public Health Services Price Tariff

Bank Account Notification for Payments Under Clinical Trial Agreements For

Procedure Payments:

Bank Name & Branch: Ziraat Bankası KTU Subesi Payee Name: KTU Doner Sermaye

Saymanlık Mudurlugu IBAN: TR 78 0001 0012 2511 8251 4450 03 Tax Office: Karadeniz VD.

Tax No: 4840036603 SWIFT Code: TCZBTR2A

Explanation: As an explanation on the payment receipt, it is required to write the agreement protocol number and the clinical trial procedural payment.



Bu belge güvenli elektronik imza ile imzalanmıştır.

Doğrulama Adres: <https://www.turkive.gov.tr/karadeniz-teknik-universitesi-ebvs>

For Researcher Fee:

Bank Name & Branch: Ziraat Bankası KTU Subesi Payee

Name: KTU Doner Sermaye Saymanlık Mudurlugu

IBAN: TR83 0001 0012 2511 8251 4450 10 Tax Office:

Karadeniz VD.

Tax No: 4840036603 SWIFT Code: TCZBTR2A

Explanation: As an explanation on the payment receipt, it is required to write the agreement protocol number and the researcher's name.

For Clinical Trial Start-up and Support Fees:

Bank Name & Branch: Ziraat Bankası KTU Subesi Payee Name: KTU Doner Sermaye

Saymanlık Mudurlugu IBAN: TR83 0001 0012 2511 8251 4450 10 Tax Office: Karadeniz

VD.

Tax No: 4840036603 SWIFT Code: TCZBTR2A



Explanation: As an explanation on the payment receipt, it is required to write the agreement protocol number, the name of the company, and the inscription of the Faculty of Medicine Clinical Trial Start-up Fee/ Support Fee.

Bu belge güvenli elektronik imza ile imzalanmıştır.

Doğrulama Adres: <https://www.turkiye.gov.tr/karadeniz-teknik-universitesi-ebys>