

# CENTRICITY RESEARCH

Columbus Multispeciality Site

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Email: [billing@centricityresearch.com](mailto:billing@centricityresearch.com)

Tax ID: XX-XXXXXXX

## BILL TO:

Pfizer Inc. Clinical Trial Payments Department 235  
East 42nd Street New York, NY 10017

## INVOICE

**Invoice #:** INV-2025-09-PFZ-001  
**Date:** September 11, 2025  
**PO #:** PO-PFZ-2025-8847  
**Payment Terms:** Net 45 days  
**Protocol:** TC-2025-157 v3.2  
**Study ID:** PFZ-CLN-2025-017  
**Site ID:** GA-COL-047  
**IRB #:** 25-000157  
**Protocol Effective Date:** January 15, 2025

Service Date	Subject Number	Activity Description	Amount Due
08/15/25	157-001	Screening Visit (V1)	\$1,500.00
08/16/25	157-002	Screening Visit (V1)	\$1,500.00
08/17/25	157-003	Screening Visit (V1)	\$1,500.00
08/18/25	157-004	Screening Visit (V1)	\$1,500.00
08/19/25	157-005	Screening Visit (V1)	\$1,500.00
08/22/25	157-001	Baseline Visit (V2)	\$1,200.00
08/23/25	157-002	Baseline Visit (V2)	\$1,200.00
08/24/25	157-003	Baseline Visit (V2)	\$1,200.00
08/25/25	157-004	Baseline Visit (V2)	\$1,200.00
08/26/25	157-005	Baseline Visit (V2)	\$1,200.00
09/01/25	157-001	Visit 3	\$1,500.00
09/01/25	157-002	Visit 3	\$1,500.00

09/02/25	157-003	Visit 3	\$1,500.00
09/02/25	157-004	Visit 3	\$1,500.00
09/03/25	157-005	Visit 3	\$1,500.00
09/03/25	157-006	Visit 3	\$1,500.00
09/04/25	157-007	Visit 3	\$1,500.00
09/04/25	157-008	Visit 3	\$1,500.00
09/05/25	157-001	Visit 4 (Week 16)	\$1,500.00
09/05/25	157-002	Visit 4 (Week 16)	\$1,500.00
09/06/25	157-003	Visit 4 (Week 16)	\$1,500.00
09/06/25	157-004	Visit 4 (Week 16)	\$1,500.00
09/08/25	157-001	Visit 5 (Week 24)	\$1,500.00
09/08/25	157-002	Visit 5 (Week 24)	\$1,500.00
09/09/25	157-003	Visit 5 (Week 24)	\$1,500.00
09/09/25	157-004	Visit 5 (Week 24)	\$1,500.00
08/20/25	SF-001	Screen Failure	\$750.00
08/21/25	SF-002	Screen Failure	\$750.00
08/22/25	SF-003	Screen Failure	\$750.00
08/27/25	SF-004	Screen Failure	\$750.00
08/28/25	SF-005	Screen Failure	\$750.00
01/15/25		Site Initiation Fee	\$15,000.00
01/20/25		Regulatory Binder Preparation	\$2,500.00
08/22/25	157-001	Baseline Laboratory Tests	\$850.00
08/23/25	157-002	Baseline Laboratory Tests	\$850.00
08/24/25	157-003	Baseline Laboratory Tests	\$850.00
08/25/25	157-004	Baseline Laboratory Tests	\$850.00
08/26/25	157-005	Baseline Laboratory Tests	\$850.00
09/01/25	157-001	Safety Laboratory Panel	\$650.00
09/01/25	157-002	Safety Laboratory Panel	\$650.00
09/02/25	157-003	Safety Laboratory Panel	\$650.00
09/01/25	157-001	ECG Procedure	\$450.00
09/01/25	157-002	ECG Procedure	\$450.00
Sep 2025		Pharmacy Dispensing Fees (Monthly)	\$6,000.00

09/10/25	157-001	Electronic Data Entry	\$250.00
09/10/25	157-002	Electronic Data Entry	\$250.00
09/10/25	157-003	Electronic Data Entry	\$250.00
09/10/25	157-004	Electronic Data Entry	\$250.00
09/10/25	157-005	Electronic Data Entry	\$250.00
09/02/25	157-004	Safety Laboratory Panel	\$650.00
09/02/25	157-005	Safety Laboratory Panel	\$650.00
09/03/25	157-001	Safety Laboratory Panel - Week 16	\$650.00
09/03/25	157-002	Safety Laboratory Panel - Week 16	\$650.00
09/03/25	157-003	Safety Laboratory Panel - Week 16	\$650.00
09/04/25	157-004	Safety Laboratory Panel - Week 16	\$650.00
09/04/25	157-005	Safety Laboratory Panel - Week 16	\$650.00
09/05/25	157-001	Safety Laboratory Panel - Week 24	\$650.00
09/05/25	157-002	Safety Laboratory Panel - Week 24	\$650.00
09/06/25	157-003	Safety Laboratory Panel - Week 24	\$650.00
09/06/25	157-004	Safety Laboratory Panel - Week 24	\$650.00
09/07/25	157-006	Safety Laboratory Panel	\$650.00
09/07/25	157-007	Safety Laboratory Panel	\$650.00
09/01/25	157-003	ECG Procedure	\$450.00
09/02/25	157-004	ECG Procedure	\$450.00
09/02/25	157-005	ECG Procedure	\$450.00
09/03/25	157-001	ECG Procedure - Week 16	\$450.00
09/03/25	157-002	ECG Procedure - Week 16	\$450.00
09/04/25	157-003	ECG Procedure - Week 16	\$450.00
09/04/25	157-004	ECG Procedure - Week 16	\$450.00
09/05/25	157-001	ECG Procedure - Week 24	\$450.00
09/05/25	157-002	ECG Procedure - Week 24	\$450.00
09/06/25	157-003	ECG Procedure - Week 24	\$450.00

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Subtotal:	\$85,050.00
Approved Exception Items:	\$2,250.00
<b>TOTAL DUE:</b>	<b>\$87,300.00</b>

## **Payment Instructions:**

Wire Transfer Information:

Bank: First National Bank of Columbus

Account Name: Centricity Research

Account Number: XXXX-XXXX-XXX

Routing Number: XXX-XXX-XXX

SWIFT Code: FNBCUS44

Please include invoice number in wire transfer reference.

Remittance advice to be sent to: [billing@centricityresearch.com](mailto:billing@centricityresearch.com)

Principal Investigator: [REDACTED], MD

Study Coordinator: [REDACTED], RN

## ATTACHMENT: Exception Documentation - Additional Screen Failures

### Additional Screen Failures (Exceeding CTA Cap):

- Screen Failure SF-006 on 08/29/25: \$750
- Screen Failure SF-007 on 08/30/25: \$750
- Screen Failure SF-008 on 09/01/25: \$750

**Total Additional Amount:** \$2,250.00

**Justification:** Enrollment challenges due to stringent inclusion/exclusion criteria required additional screening

## SPONSOR APPROVAL - GRANTED

### Email Approval Documentation

From: clinical.trials@pfizer.com

To: billing@centricityresearch.com

Date: September 10, 2025

Subject: RE: Exception Request - Additional Screen Failures Protocol TC-2025-157 v3.2

This email serves as formal approval for the additional screen failure costs as outlined below. The charges are justified based on the enrollment challenges encountered and fall within our exception approval guidelines.

Approved by: [REDACTED], Clinical Operations Director

Approval Code: PFZ-EXC-2025-09-147

*\*Original email approval attached to invoice submission*