

# CENTRICITY RESEARCH

Columbus Multispecialty Site

910 Talbotton Rd, Columbus, GA 31904

Tel: (706) 555-1234 | Fax: (706) 555-1235

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

Tax ID: XX-XXXXXXX

**BILL TO:**  
Roche Pharmaceuticals Clinical Operations Finance 1  
DNA Way South San Francisco, CA 94080

## INVOICE

**Invoice #:** INV-2025-09-ROC-001  
**Date:** September 11, 2025  
**PO #:** PO-ROC-2025-3392  
**Payment Terms:** Net 45 days  
**Protocol:** RG-2025-456  
**Study ID:** ROC-TRIAL-2025-456  
**Site ID:** GA-COL-047  
**IRB #:** 25-000456  
**Protocol Effective Date:** January 20, 2025

Service Date	Subject Number	Activity Description	Amount Due
08/10/25	456-101	Initial Assessment Visit	\$1,800.00
08/11/25	456-102	Initial Assessment Visit	\$1,800.00
08/12/25	456-103	Initial Assessment Visit	\$1,800.00
08/13/25	456-104	Initial Assessment Visit	\$1,800.00
09/10/25	456-101	Follow-up 1 (Month 1)	\$1,200.00
09/11/25	456-102	Follow-up 1 (Month 1)	\$1,200.00
09/12/25	456-103	Follow-up 1 (Month 1)	\$1,200.00
09/13/25	456-104	Follow-up 1 (Month 1)	\$1,200.00
09/01/25	456-101	Follow-up 2 (Month 2)	\$1,200.00
09/02/25	456-102	Follow-up 2 (Month 2)	\$1,200.00
09/03/25	456-103	Follow-up 2 (Month 2)	\$1,200.00
09/04/25	456-104	Follow-up 2 (Month 2)	\$1,200.00

09/05/25	456-101	Follow-up 3	\$1,500.00
09/05/25	456-102	Follow-up 3	\$1,500.00
09/06/25	456-103	Follow-up 3	\$1,500.00
09/06/25	456-104	Follow-up 3	\$1,500.00
08/14/25	SF-101	Screen Failure	\$1,250.00
08/15/25	SF-102	Screen Failure	\$1,250.00
08/16/25	SF-103	Screen Failure	\$1,250.00
08/20/25	456-101	MRI Imaging	\$2,500.00
08/21/25	456-102	MRI Imaging	\$2,500.00
08/22/25	456-103	MRI Imaging	\$2,500.00
08/25/25	456-101	CT Scan	\$3,200.00
08/26/25	456-102	CT Scan	\$3,200.00
09/01/25	456-101	PK Blood Draw	\$350.00
09/01/25	456-102	PK Blood Draw	\$350.00
09/02/25	456-103	PK Blood Draw	\$350.00
09/02/25	456-104	PK Blood Draw	\$350.00
09/03/25	456-101	PK Blood Draw - 2nd	\$350.00
09/03/25	456-102	PK Blood Draw - 2nd	\$350.00
09/04/25	456-103	PK Blood Draw - 2nd	\$350.00
09/04/25	456-104	PK Blood Draw - 2nd	\$350.00
Sep 2025	Various	Central Laboratory Processing (12 samples)	\$5,100.00
09/01/25	456-101	Adverse Event Documentation	\$500.00
09/02/25	456-102	Adverse Event Documentation	\$500.00
09/03/25	456-103	Adverse Event Documentation	\$500.00
09/04/25	456-104	Adverse Event Documentation	\$500.00
09/05/25	456-101	Adverse Event Follow-up	\$500.00
Sep 2025		Site Coordinator Time (40 hours @ \$175/hr)	\$7,000.00
Sep 2025		Source Document Verification	\$4,250.00

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Subtotal:	\$62,100.00
Approved Exception Items:	\$2,500.00
<b>TOTAL DUE:</b>	<b>\$64,600.00</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-104 on 08/17/25: \$1,250
- Screen Failure SF-105 on 08/18/25: \$1,250

**Total Additional Amount:** \$2,500.00

**Justification:** Complex eligibility criteria necessitated additional screening to meet enrollment targets

## SPONSOR APPROVAL - GRANTED

### Email Approval Documentation

From: clinical.trials@roche.com

To: billing@centricityresearch.com

Date: September 10, 2025

Subject: RE: Exception Request - Additional Screen Failures Protocol IRB #25-000456

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: ROC-EXC-2025-09-082

*\*Original email approval attached to invoice submission*