

Swiss Lenalidomide In MDS del(5q) - Registry (SLIM-Registry)

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Department of Haematology
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Contact details of the submitting person

Name / First name: _____
Address: _____

Phone no.: _____
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Invoice

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Lenalidomide for patients with MDS del(5q) in daily practice in Switzerland - a data collection

In order to receive compensation for including patients into the above mentioned SLIM-Registry please transfer the following amount to the below mentioned bank account:

Compensation <i>(please indicate the appropriate boxes)</i>	Amount
<input type="checkbox"/> at registration	200.00 CHF
<input type="checkbox"/> at finalization of the patient <i>(please indicate Patient-No)</i> _____	100.00 CHF
Total (incl. VAT):	_____ CHF

Bank account

Account holder: _____
Full address of bank: _____

Account No. / IBAN: _____
BIC / SWIFT: _____

Date: _____ **Signature:** _____