

CENTRICITY RESEARCH

Columbus Multispecialty Site

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BILL TO:

AstraZeneca Pharmaceuticals LP Clinical Finance
One MedImmune Way Gaithersburg, MD 20878

INVOICE

Invoice #:	INV-2025-09-AZN-001
Date:	September 11, 2025
PO #:	PO-AZN-2025-7754
Payment Terms:	Net 45 days
Protocol:	ONCO-PROT-892
Study ID:	ONCO-2025-892
Site ID:	GA-COL-047
IRB #:	25-000892
Protocol Effective Date:	February 1, 2025

Service Date	Subject Number	Activity Description	Amount Due
08/05/25	892-201	Screening (ONCO-2025-892-V1)	\$2,000.00
08/06/25	892-202	Screening (ONCO-2025-892-V1)	\$2,000.00
08/07/25	892-203	Screening (ONCO-2025-892-V1)	\$2,000.00
08/12/25	892-201	Baseline Oncology Assessment	\$1,800.00
08/13/25	892-202	Baseline Oncology Assessment	\$1,800.00
08/14/25	892-203	Baseline Oncology Assessment	\$1,800.00
08/19/25	892-201	Treatment Visit 1	\$1,500.00
08/20/25	892-202	Treatment Visit 1	\$1,500.00
08/21/25	892-203	Treatment Visit 1	\$1,500.00
09/02/25	892-201	Treatment Visit 2	\$1,500.00
09/03/25	892-202	Treatment Visit 2	\$1,500.00
09/04/25	892-203	Treatment Visit 2	\$1,500.00

09/09/25	892-201	Safety Follow-up	\$1,000.00
09/10/25	892-202	Safety Follow-up	\$1,000.00
09/11/25	892-203	Safety Follow-up	\$1,000.00
08/28/25	892-201	Tumor Imaging Assessment	\$3,500.00
08/29/25	892-202	Tumor Imaging Assessment	\$3,500.00
09/01/25	892-201	Biomarker Analysis	\$950.00
09/02/25	892-202	Biomarker Analysis	\$950.00
09/03/25	892-203	Biomarker Analysis	\$950.00
02/01/25		Site Pharmacy Setup	\$2,100.00

Subtotal: \$35,350.00

TOTAL DUE: \$35,350.00

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

Principal Investigator: [REDACTED], MD

Study Coordinator: [REDACTED], RN