**CLINICAL RESEARCH BUDGET FORM**

1. Explicit Name of Research:

*Investigation of interleukin (IL) 28B gene polymorphism in anti-HCV positive patients in Mogadishu Somalia*

2. Total Number of Patients Planned to Research:

*150 patients*

3. Detailed Total Budget of the Research:

*In order to carry out this study, there is no need to purchase a kit of USD 2000 ($).*

4. Source of Incomes:

* Supportive

Please Specify……………………………

* Hospital Budget

Please Specify: *After approval by the Ethics Committee, we request that the kit fee be paid from the budget of our hospital within the scope of the educational activities.*

* Other Resources

Please Specify……………………………

**Responsible Researcher**

Name Surname:

Institution:

Date:

Signature:

**Supporting**

*Mogadishu Somalia-Turkey Recep Tayyip Erdogan Training and Research Hospital*