



SHEBA GLOBAL
Tel HaShomer | Patient Services

Tel: +972-3530-3100

Fax: +972-3530-8040

CAR-T Clinical Research Program

16/01/2025

Patient: ALENA SERGEEVA

Diagnosis: ALL/lymphoma

This price estimate is provided based on the medical documents made available by the patient.

Assessment:

Including ambulatory tests: Bone scintigraphy, pulmonary function, echocardiogram, laboratory tests, bone marrow biopsy, imaging (such as, but not limited to, CT and ultrasound scans, nuclear medicine scans), malignancy genotyping, FISH, genotype characterization by karyotype analysis, etc.

approx. \$10,000-15,000

We would like to bring to your attention that the patient may need additional therapy before being found eligible for the CAR-T clinical research program.

After the assessment at Sheba Medical Center, you will be provided with an updated cost estimate for the treatment proposed by the attending physician, who will also explain the risks and benefits of the CAR-T research program.

Oncological treatment prior to CAR – T treatment (if needed) approx. \$30,000-60,000

Program:

Phase 1:

Apheresis – Lymphocyte Cell Collection **\$6,600**

Phase 2:

Chemotherapy + Hospitalization (Up To 21 Days) **\$56,500**

Phase 3:

Post CAR-T Assessment **\$3,000-5,000**

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The price does NOT include:

1. Treatment for the basic disease; dental treatment; radiotherapy; central line insertion; TPN; special pharmacy services, such as Rituximab, Mylotarg, Neupogen, Treosulfan, Thiotepa/Tepadina, Fludarabine, IVIG, Emend, etc.
2. Blood products. Cost per unit of blood approx. \$270, expected about 50-200 units.
3. Accommodation and transportation neither for the patient nor for the accompanying person.

Notes:

1. Additional hospitalization days will be charged at the rate of \$1,500 per day and any days of hospitalization in the ICU will be charged at \$3,500 per day for the first four days and \$3,150 per day from the fifth day.
2. Quoted prices are valid for up to two months.
3. The treating physicians may determine that additional diagnostic tests other than those listed above are necessary (such as US, CT, MRI, etc.), the costs of which are not included in this estimate.
4. The patient will be charged under the tariff of the Israeli MOH for tourists. The description and cost of medical services will be based on the price list published on the Ministry of Health website at: <http://www.health.gov.il>.
5. A relative should accompany the patient.
6. Service at Sheba Medical Center is provided in English, Russian and Arabic.
7. The patient has to arrive with all physical pathology samples and all imaging tests CDs.
8. Prices may vary depending on the dollar exchange rate.

Possible BMT program:

Donor search, collection and transportation:

- | | |
|---|-----------------------------|
| 1. HLA confirmatory typing (per test) | \$1,700 |
| 2. Donor search budget (depending on number of searches) | \$500 per one search |
| *Prior to the donor search the patient will need to deposit \$5,000 | |
| 3. Budget for single collection from one donor and transportation (except from US donors) | up to \$23,000 |

The type of transplantation required will be determined based on the test results:

Allogeneic Donor Transplantation	\$154,000
OR	
Allogeneic Haploid Donor Transplantation	\$194,000

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The price includes:

1. Up to 30 hospitalization days in the Department of Bone Marrow Transplant.
2. Ambulatory follow-up visits up to 2 months from the discharge date.
3. Chemotherapy related to the transplantation.

The price does NOT include:

1. Treatment for the basic disease; dental treatment; radiotherapy; blood products; central line insertion; TPN; special pharmacy services, such as Rituximab, Mylotarg, Neupogen, Treosulfan, Tiotepa/Tepadina, Emend, IVIG etc.
2. Quoted prices are valid for up to two months.
3. Blood products. Cost per unit of blood approx. \$280, expected about 50-200 units.
4. Medical procedures/operations (such as IT testing) besides the transplantation will be charged separately.
5. Assessment for donor (blood tests, typing, etc.) approx. \$1,000-2,000
6. Stem cell collection for cryopreservation (if needed) \$23,000
7. Storage for up to 5 years, paid in advance (if needed) \$4,100
8. Accommodation and transportation neither for the patient nor for the accompanying person.

Notes:

1. Additional charge in case of cord blood transplantation (for one dose and if needed) \$15,000
2. All the necessary tests and treatments will be charged under the tariff of the Israeli MOH for tourist patients.
3. Any additional day of hospitalization will be charged at a rate of \$1,500 per day. Hospitalization in the ICU will be charged at \$3,500 per day for the first three days and \$3,150 per day from the fourth day.
4. The treating physicians may determine that other diagnostic tests other than those listed above are necessary (such as US, CT, MRI, etc.); the costs of which are not included in this estimate. The patient will be charged under the tariff of the Israeli MOH for tourists. The description and cost of medical services will be based on the price list published on the Ministry of Health website at: <http://www.health.gov.il>.
5. Regarding the **post-transplantation period**, the treating physicians may determine that other treatments and/or diagnostic tests other than those listed above are necessary (such as US, CT, MRI, special lab tests, etc.).
6. A relative should accompany the patient.
7. Service at Sheba Medical Center is provided in English or Russian only.
8. The patient has to arrive with all physical pathology samples and all imaging tests CD'S.
9. Prices may vary depending on the dollar exchange rate.

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The Chaim Sheba Medical Center, Tel-HaShomer 5265601, Israel

www.shebaonline.org

www.shebaonline.ru



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Payment:

A deposit of \$70,000 is required before arriving at SMC.

Payment can be made by means of a bank transfer to our account, as specified below.

Account Details: THE SHEBA FUND FOR HEALTH SERVICES AND RESEARCH
Account No. 508637/88 Bank Leumi Le Israel, Branch 800
19 Herzl Street, Tel Aviv, Israel
Swift #LUMIILITXXX
IBAN CODE#IL290108000000050863788

Please confirm your receipt and acceptance of the above cost estimate by signing the form below and returning it to our office.

To:	THE SHEBA FUND FOR HEALTH SERVICES AND RESEARCH	
From:	_____ on behalf of _____	
	Name	Company / Individual
We agree to the terms stated in your proposal and agree to pay for all medical and other services provided by Sheba Medical Center.		
I hereby declare that I am not a citizen of the State of Israel.		
Name	_____	
Signature:	_____	Date: _____

Please feel free to contact us if you need further information.

We look forward to offering our assistance.

Global Patient Services
Sheba Medical Center, Israel
Phone: +972-3-5303100



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