|  |  |  |
| --- | --- | --- |
| Barwon Health Recipient Created GST CompliantTax Invoice  | LogoDescription automatically generated with low confidence | **Research, Ethics, Governance, Integrity (REGI) Office** Level 2 Kitchener House, University Hospital GeelongPost to: PO Box 281 Geelong Vic 3220Email: REGI@barwonhealth.org.auABN: 45 877 249 165 |

# Research Project Submission Fees Invoice

Please upload together with the submission in ERM

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Principal Investigator: |  |
| Local BH Study No: |  | ERM Project No or Protocol No: |  |
| Sponsor Name: |  | Sponsor ABN: |  |
| Sponsor Address: |  | Email: |  |
| Contact Person: |  | Telephone: |  |
| Project Title: |  |

|  |  |  |
| --- | --- | --- |
| **Commercially Sponsored Studies** | **$ Amount (ex GST)** | **$ Amount (inc GST)** |
| **NEW APPLICATION** |  |  |
|[ ]  Sponsored study: multi-site project (includes governance only submissions) | 6000 | 6600 |
|[ ]  Sponsored study: single-site project | 5500 | 6050 |
|[ ]  Sponsored sub-study or a non-interventional study – multi-site | 5000 | 5500 |
|[ ]  Sponsored sub-study or a non-interventional study – single-site | 3000 | 3300 |
| **POST APPROVAL AMENDMENTS** |  |  |
|[ ]  Protocol and/or Investigational Brochure and/or Consent Form Amendments | 600 | 660 |
|[ ]  Investigator brochure (without Consent Form Amendments)  | 200 | 220 |
|[ ]  Administrative amendment, e.g. updates to patient facing documents i.e. diaries, surveys, questionnaires and advertisements (not PICFs); typos; includes CTRA Amendments | 200 | 220 |
|[ ]  Changes to Barwon Health Principal Investigator | 200 | 220 |
|[ ]  Addition of sites through Barwon Health HREC (not governance) – per site | 500 | 550 |

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| **COLLABORATIVE GROUP STUDIES / UNSPONSORED INVESTIGATOR INITIATED STUDIES - INCLUDES LOW RISK** | **$ Amount (ex GST)** | **$ Amount (inc GST)** |
| **NEW APPLICATION** |  |  |
| [ ]  | Investigator-initiated CTN/CTA clinical trial - with commercial support | 3000 | 3300 |
|[ ]  Investigator-initiated study (no CTN/CTA) - with commercial support | 1000 | 1100 |
|[ ]  Investigator-initiated CTN/CTA clinical trial – no commercial support | 1000 | 1100 |
|[ ]  Investigator-initiated study (no CTN/CTA) - no commercial support | 500 | 550 |
|[ ]  Other projects: non-Barwon Health protocol | 500 | 550 |
|[ ]  Barwon Health projects (with no other institution involved) | No fee | No fee |
| **POST APPROVAL AMENDMENTS**  |  |  |
|[ ]  Major Amendment – includes updates to Protocol, Consent Form, IB update | 200 | 220 |
|[ ]  Minor Amendment – PI Change, administrative updates (inc updates to patient facing documents e.g. diaries, surveys, questionnaires and advertisements; also inc CTRA/RCA Amendments) | 100 | 110 |
|[ ]  Amendment for Barwon Health in-house project no third party | No fee | No fee |

|  |  |
| --- | --- |
| **PLEASE ENTER TOTAL AMOUNT PAYABLE HERE** | **$** |

# Please turn over and complete form with details of preferred payment method.

# Please complete below for the preferred payment method and upload to ERM.

# If paying by EFT please include remittance with upload to ERM.

1. Credit Card Payment (includes GST)

[ ]  Visa [ ]  MasterCard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card number (use ‘tab’ to move across cells) |  | Exp date |  | CCV |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount (inc GST) |  | Name on card |  | Signature |  | Provide email address if receipt required |
| $      |  |  |  |  |  |  |

1. EFT Funds Transfer (includes GST - Bank details below)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Transaction: |  | Transaction Number Details: |  | Payee Name (eg Company Name) |  | **Amount**  **(inc GST)** |
|       |  |  |  |  |  | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact name: |  | Transaction Number Details: |  | EFT Description (Use Project no) |
|       |  |  |  |       |

EFT Instructions – please include copy of remittance advice

1. Enter the local project number in the reference field e.g. 21.108
2. Submit a copy of the remittance advice together with this form as part of Amendment submission in ERM
3. Email a copy of this form with your Remittance Advice to REGI@barwonhealth.org.au

Barwon Health banking details

|  |  |
| --- | --- |
| Bank: | NAB |
| Branch:  | 49 Malop Street, Geelong Vic 3220 |
| BSB: | 083 646 |
| A/C No:  | 515 794 188 |
|  |  |

3. Internal cost centre transfer (excludes GST)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cost centre no.: |  | Cost centre manager |  | Cost centre manager signature |  | **Amount (no GST)** |
|  |  |  |  |  |  | **$** |

# Fees information

* Barwon Health REGI fees are due and payable upfront for each submission including new projects and amendments.
* The fees represent only partial recovery of the total cost of providing ethical and governance oversight. Fees have been set based on the total resources required to review a new research project upon submission and then to monitor and manage it over its lifetime.
* Submissions will be allocated for review following receipt of payment.

# Questions

Should you have any questions please feel welcome to contact the REGI office on 03 4215 3372 or REGI@barwonhealth.org.au

REGI use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cost Centre | AC | Tax Code | Receipt Number | Date |
| 0904 | 57817 | G1 |  |  |