

Office for Research **ABN:** 96 237 388 063

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Effective as of October 2019 **Tax Invoice Ethics & Governance Amendment Payment Form**

**Upon payment this document becomes a Tax Receipt. Please retain a copy, as no further receipt will be issued.**

|  |  |
| --- | --- |
| Date: | <<insert text>> |
| Project title: | <<insert text>> |
| Principal Investigator: | <<insert text>> |
| HREC Number: | <<insert text>> |
| Sponsor Name: | <<insert text>> |
| Sponsor ABN: | <<insert text>> |
| Contact Person: | <<insert text>> |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Amendment Fees – Ethics & Governance** | | | **$ ex GST** | **$ GST** | **TOTAL $ inc GST** |
|  | Major Amendment\*\* - Commercially Sponsored | | 800 | 80 | 880 |
|  | Minor Amendment\*\*\* - Commercially Sponsored | | 300 | 30 | 330 |
|  | Addition of a site to an existing clinical trial | Enter number of sites | 500 | 50 | 550 per site (capped at  2,200) |
| <<insert text>> |
|  | Addition of a site to an existing collaborative or Investigator Initiated with commercial support trial | Enter number of sites | 200 | 20 | 220 per site (capped at  880) |
| <<insert text>> |
|  | Major Amendment: Investigator Initiated with commercial support | | 650 | 65 | 715 |
|  | Minor Amendment: Investigator Initiated with commercial support | | 200 | 20 | 220 |
|  | Major/Minor Amendment: Investigator Initiated – Non-commercially sponsored Collaborative, university, research institute, Austin Health or other hospital Group, LNRR | | 150 | 15 | 165 |
|  | Applications submitted within one month of ethics approval and without impact on participant safety - Commercially Sponsored | | 1,300 | 130 | 1,430 |
|  | Applications submitted within one month of ethics approval and without impact on participant safety – Non-Commercially Sponsored | | 600 | 60 | 660 |
|  | CTN Amendment | | 410 | N/A | 410 |
|  | \*The Committee may, at its discretion, add a $200 surcharge under the following circumstances to all application categories, including investigator-initiated and collaborative group studies (apart from those associated with safety issues):   * Poorly written or incomplete applications that require extensive review and input by OFR staff | | | | **$200 Surcharge**  **Yes**  **No** |
| Enter total amount payable | | | | | <<insert text>> |

Please complete the appropriate Option (1 or 2 or 3). Please tick the appropriate boxes where applicable. Please contact the Research Ethics, Office for Research on (03) 9496 4090 if you have any queries

**Option 1 – For internal projects you must quote a Y3000 or above SPF number (GST not applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Austin Health SPF No: | Name of Dept/SPF | Expense Classification | Charge -see fee schedule |
| <<insert text>> | <<insert text>> | 61905 | $ <<insert text>> |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised by: | | | |
| Print Name | Signature | Date | Contact Phone No. |
| <<insert text>> | <<insert text>> | <<insert text>> | <<insert text>> |

**Option 2 – Payment by Cheque or Credit Card (including GST)**

|  |
| --- |
| <<insert text>> |

Cheque (made out to “Austin Health”) Cheque Number:

|  |
| --- |
| CVV # (3#’s) |
| <<insert text>> |

VISA  MasterCard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card number (16 numbers) |  | Exp date (MM/YY) |  | Name on Card |
| <<insert text>> |  | <<insert text>> |  | <<insert text>> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature | <<insert text>> |  | Amount | $ <<insert text>> |

**Option 3 – Payment by EFT (including GST)**

|  |  |
| --- | --- |
| **Instructions**   1. Please quote the HREC number (and name of Principal Investigator) when processing the EFT payment details 2. Submit a copy of the remittance advice together **with this form** for the EFT to be processed 3. Email a copy of this form with your remittance advice to:   accounts.receivable@austin.org.au | **Austin Health Banking Details**  ACCOUNT NAME: AUSTIN HEALTH  BANK: WESTPAC BANK  BRANCH: 216 UPPER HEIDELBERG ROAD, IVANHOE 3079  SWIFT NO: WPACAU2S  BSB: 033286  ACCOUNT NO: 120120 |

**FEE STRUCTURE EXPLANATION**

PLEASE NOTE: **Austin Health will charge *either* an Ethics review fee or a Research Governance review fee, in accordance with the above schedule, but not both.**

\*The Committee may, at its discretion, add a $200 surcharge under the following circumstances to all application categories, including investigator-initiated and collaborative group studies (apart from those associated with safety issues):

* Poorly written or incomplete applications that require extensive review and input by Office for Research Staff.

**Active Projects**

**Investigator Initiated with commercial support:** Funding and/or investigational product provided by a pharmaceutical or device company.

**Investigator Initiated – Non-commercially sponsored:** Funding obtained from a source other than a pharmaceutical or device company e.g. NHMRC, NIH etc.

A review fee is also required at submission of an amendment to a study. The amount payable is dependent on the type of amendment being submitted. Please refer to the Amendment Payment form for descriptions of amendments and their related fees.

Listed below are some examples of **major** and **minor** amendments:

**\*\*Major Amendments:** Protocol Amendments, Substantial PICF changes include changes to the PICF due to updated safety information and/or protocol amendments with or without CTRA Addendum. This does not include administrative changes to the PICF such as addition of investigators or syntax/typographical amendments.

Admin/IB changes will not incur a charge if submitted in conjunction with a protocol amendment or substantial PICF changes. For example, if a protocol and an IB are submitted together, the ethics review fee for the amendment will be $880 only.

**\*\*\*Minor Amendments:** Admin changes; updated IB; addition of investigator only, CTRA Addendum without Protocol Change.

# These charges are on top of any other amendments. For example, if a protocol, IB and 2 additional sites are submitted together, the ethics review fee for the protocol/IB will be $880 plus $1100 for the 2 additional sites ($550 x 2).

If you are unsure which fees should be submitted with your submission, please feel free to contact the Office for Research

(e) [**ethics@austin.org.au**](mailto:ethics@austin.org.au) (t) (03) 9496 4090

Acronyms:

HREC: Human Research Ethics Committee LNRR: Low & Negligible Risk Research

PICF: Participant Information & Consent Form IB: Investigator Brochure

CTRA: Clinical Trial Research Agreement