Office for Research
Level 2 South West, 300 Grattan Street

The Royal Melbourne Hospital

Parkville, Victoria, 3050, Australia

Telephone: 61 3 9342 8530

**ABN: 73 802 706 972**

# Royal Melbourne Hospital Tax Invoice Amendment Fee Payment Form - Commercial Studies

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Principal Investigator: |  |
| Local HREC No: | **<Enter RMH local project number>** | Project/Protocol No: |  |
| Sponsor Name: |  | Sponsor ABN: |  |
| Project Title: |  |

***Fees are cumulative - Select all applicable Amendment Types submitted as part of this review***

|  |  |  |
| --- | --- | --- |
| **Amendment Type** | **$ Amount (ex GST)** | **$ Amount (inc. GST)** |
|[ ]  Amendment – Base Rate all amendments  | 200 | 220 |
|[ ]   Addition of site (per site added): <Provide number of sites> | 500 | 550 |
|[ ]   Addition of non-standard site (per site added): <Provide number of sites> | 50 | 55 |
|[ ]   Study Personnel Changes | 400 | 440 |
|[ ]   Investigator Brochure update  | 300 | 330 |
|[ ]   PICF and other Patient Facing Documents (up to 5 docs in a bundle): <Provide number of bundles> | 400 | 440 |
|[ ]   Protocol amendment | 900 | 990 |
|[ ]   FTIH | 350 | 385 |
|[ ]   GMO protocol  | 500 | 550 |
|[ ]   Teleheath/DCT/Adaptive: <Provide number of elements> | 400 | 440 |
|[ ]   Contract amendment  | 200 | 220 |
|[ ]   New Contract  | 300 | 330 |
| [ ]  |  International contract: <Provide number of contracts> | 400 | 440 |
| **Additional services** | **$ Amount (ex GST)** | **$ Amount (inc. GST)** |
|[ ]  Expedited review (within 5 working days of receipt of a **complete** submission package) | Contact OFR for quote |
|[ ]  Submission of amendment prior to initial ethics/SSA approval | 1400 | 1540 |
|[ ]  Addition of extension study (sub‐study, etc) per study | 2500 | 2750 |
|[ ]  Retrieval of study essential documents retrospectively | 70 | 77 |
| **TOTAL FEE** | **$** |

## Payment Methods

### Option 1: Internal cost centre transfer (GST does not apply)

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

### Option 2: Payment by Cheque or Credit Card (must include GST)

[ ]  Cheque (made out to Melbourne Health) [ ]  Visa [ ]  MasterCard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card number |  | Exp date |  | CCV |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Amount (inc GST)** |  | Name on card |  | Signature |  | ***Provide email address if receipt required*** |
| **$** |  |  |  |  |  |  |

### Option 3: Electronic Funds Transfer (must include GST)

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

###### EFT Instructions

1. Enter the Local HREC number in the reference field e.g., 2024.999
2. Attach a copy of the **Remittance Advice** as evidence of payment with your amendment submission
3. In addition, email a copy of this Fee Payment Form *and* Remittance Advice to RMHCashier@mh.org.au.

###### Melbourne Health / Royal Melbourne Hospital Banking details

|  |  |
| --- | --- |
| Bank:  | NAB |
| Branch: | Level 2, 151 Rathdowne Street, Carlton, VIC 3053 |
| Account:  | MHS- OPERATING  |
| A/C No: | 122931890 |
| BSB: | 083-170 |

###### Fee structure

The fees charged represent only partial recovery of the total cost of providing ethical and governance oversight. Fees have been set based on the total (human and other) resources required to review a research project upon amendment submission.

* Fees are payable at the time of accepting a submission.
* **Fees are cumulative**