Office for Research

Level 2 South West, 300 Grattan Street

The Royal Melbourne Hospital

Parkville, Victoria, 3050, Australia

Telephone: 61 3 9342 8530

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# **Royal Melbourne Hospital Tax Invoice**

# New Submission 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: |  | | |

**New Ethics and Governance Submissions**

***Note: Fees are cumulative - Select all that are applicable***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Select  option | Study type | | | $ Amount  (ext GST) | $ Amount (inc. GST) |
| **INITIAL SUBMISSIONS** | | | | | |
|  | Ethics review only | | | 6000 | 6600 |
|  | RMH reviewing HREC & Lead site | | | 8000 | 8800 |
|  |  | | Multisite - per additional non-RMH site: <Provide number of sites> | 500 | 550 |
|  | Governance Review only (RMH Participating site) | | | 6000 | 6600 |
|  | FTIH HREC Review only | | | 8000 | 8800 |
|  | FTIH RMH Reviewing HREC & Lead Site | | | 9000 | 9900 |
|  |  | | FTIH Coordination of Sourcing Expert Review | 4000 | 4400 |
|  | CTN Lodgement by OfR (excluding TGA CTN fee) | | | 700 | 770 |
|  |  | | Telehealth /DCT study(additional fee) | 800 | 880 |
|  |  | | GMO Protocol (additional fee) | 800 | 880 |
| **SUBMISSION OF NON STANDARD CONTRACTS\*** | | | | | |
|  | Contracts Management Fee | | | 1800 | 1980 |
|  |  | In addition to above rate per International contract: <Provide number of contracts> | | 500 | 550 |
| **TOTAL FEE** | | | |  |  |

**\*** Routine submissions include Medicines Australia Indemnities and Clinical Trial Research Agreements. The contracts management fee applies when submitting any contracts in addition to these standard contracts.

###### 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 | | | | | | | | | | | | | | | | | | | |  | Expiry 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 project submission
3. In addition, email a copy of this Fee Payment Form *and* Remittance Advice to [RMHCashier@mh.org.au](mailto: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 new research project upon submission.

* RMH will charge either an Ethics Review fee or a Governance (SSA) fee in accordance with the payment schedule above.
* Fees are payable at the time of accepting a submission.
* Fees are cumulative.