**Ethics and Governance fee payment form**

**The Alfred Hospital Office of Ethics & Research Governance**

* **The fees are GST exclusive**
* **Please refer to the fee schedule on the Ethics & Research Governance website for more information**
* **Indicate which fee or fees are applicable and insert the total**
* **Submit the completed form at the time of project registration**
* **Advice will be provided if the correct fee is not indicated**

|  |  |
| --- | --- |
| **Short Title** |       |
| **Alfred Health Project Number** |       |
| **Date** |       |

**For investigator-initiated studies, please provide the following information (if applicable)**

|  |  |
| --- | --- |
| Institution owning the study protocol and data |       |
| Institution receiving funding from the funding body |       |
| Institutions named as Parties to the agreement |       |

**Does the project fall into one of the following categories?** Please select

|  |  |
| --- | --- |
| Investigator-initiated study sponsored by Alfred Health |  |
| Low or negligible risk study sponsored by [Alliance](#Alliance" \o "The Alfred Research Alliance members are: Alfred Health, Baker Heart and Diabetes Institute, Burnet Institute, Nucleus Network, 360biolabs and the Schools of Monash, Deakin and La Trobe University that are co-located with The Alfred.)-affiliated institution |  |

*No further information is required if ‘Yes’ was selected for one of the above categories*

**Please indicate which fee applies** Please select

|  |  |  |
| --- | --- | --- |
| Commercially sponsored first-time-in-human study | 7,500 |  |
| Commercially sponsored study – all other phases | 6,000 |  |
| Commercially sponsored observational, sub- or extension study | 3,000 |  |
| Commercially sponsored study involving [Alliance](#Alliance" \o "The Alfred Research Alliance members are: Alfred Health, Baker Heart and Diabetes Institute, Burnet Institute, Nucleus Network, 360biolabs and the Schools of Monash, Deakin and La Trobe University that are co-located with The Alfred.)-affiliated institution – [Expedited](#Expedited" \o "The expedited review process will incur an additional fee for commercially sponsored studies to support the additional resources required. No additional fee will be charged for investigator-initiated or collaborative group studies.) COVID-19 review | 2,000additional |  |
| Commercially sponsored study not involving [Alliance](#Alliance" \o "The Alfred Research Alliance members are: Alfred Health, Baker Heart and Diabetes Institute, Burnet Institute, Nucleus Network, 360biolabs and the Schools of Monash, Deakin and La Trobe University that are co-located with The Alfred.)-affiliated institution – [Expedited](#Expedited" \o "The expedited review process will incur an additional fee for commercially sponsored studies to support the additional resources required. No additional fee will be charged for investigator-initiated or collaborative group studies.) COVID-19 review | 4,000additional |  |
| Independent expert review | 4,000 |  |
| [Collaborative Group](#CRG" \o "The CRG (Collaborative Research Group) is an academic and/or non-commercial collaborative research group responsible for sponsoring, initiating, managing, developing and coordinating the Study ) study | 600 |  |
| Investigator-initiated study with commercial support | 3,000 |  |
| Investigator-initiated study sponsored by [Alliance](#Alliance" \o "The Alfred Research Alliance members are: Alfred Health, Baker Heart and Diabetes Institute, Burnet Institute, Nucleus Network, 360biolabs and the Schools of Monash, Deakin and La Trobe University that are co-located with The Alfred.)-affiliated institution | 200 |  |
| Investigator-initiated study sponsored by non-affiliated institution | 600 |  |
| Low or negligible risk study sponsored by non-affiliated institution | 200 |  |
| Low or negligible risk study with commercial support | 1,000 |  |
| Fee related to MoU |  | $0 |

**For commercially sponsored streamlined (e.g. NMA) studies reviewed by the Alfred Hospital Ethics Committee** Please enter

|  |  |
| --- | --- |
| Number of *additional* sites | 0 x $500 = $0 |

**For commercially funded clinical trials conducted at Alfred Health** Please select

|  |  |
| --- | --- |
| Is Monash University designated as the [Payee](#InvoicingAdministration" \o "Please select 'Yes' if Monash University is designated as the payee of the study funding under Schedule 2 of the CTRA. As the payee, Monash University will administer the invoicing for the study and will be responsible for payment of the funding to Alfred Health.A Purchase Order Number will be provided by Monash University upon full execution of the CTRA.Once obtained, please include the Purchase Order Number on this fee payment form (see Method 1, 2nd table) and upload the form into ERA.Please note that Phase 4 clinical trials may not be eligible for administration of funding by Monash University. Please check eligibility by emailing CCS-clinicaltrials@monash.edu) of the study funding in the CTRA? |  |

**If the information provided above is likely to change, please provide relevant details**

**(e.g. addition of further sites or expert review)**

|  |
| --- |
|       |

**Fee/invoicing details**

**Total fee**

**Please provide details for either Method 1 orMethod 2.**

**Method 1: ECAN**

**Responsible entity and contact details**

|  |  |
| --- | --- |
| Name of sponsor/CRO/institution responsible for this payment |       |
| Company ABN |       |
| Contact person’s name |       |
| Position |       |
| Email |       |
| Phone number |       |

***Mandatory* if invoice to be paid by Baker or Monash University**

|  |  |
| --- | --- |
| Purchase Order Number |       |

**Additional information to be included in the invoice**

|  |  |
| --- | --- |
| Commercial Sponsor’s Purchase Order Number (if required) |       |
| Site PI Name | As per application |
| Site Number |       |
| Other |       |

*Individuals may pay by credit card (payment details in the invoice).*

**OR**

**Method 2: ICAN**

**Please provide details if payment is to be made by internal transfer within Alfred Health (ICAN)**

|  |  |
| --- | --- |
| Cost Centre Name |       |
| Cost Centre Manager |       |
| Cost Centre Number |       |
| Approved by Cost Centre Manager | If ‘No’, please provide an explanation |
|  |       |