**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**
* **Submit the completed form with the project application submission**
* **Advice will be provided if the correct fee is not indicated or if the $500 surcharge applies**
* **Review will not proceed until the complete and accurate fee payment form has been provided**

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

**For commercially-sponsored or commercially-supported\* studies, GO TO PAGE 2**

*\*Drug, device or funding provided by a commercial entity*

**For investigator-initiated studies**

The review fee applies to the Sponsor of the study defined as the Institution responsible for the initiation, management, and financing (or arranging the financing) of the study and carries the medico-legal responsibility associated with its conduct. As such, the Sponsor is the custodian of the Protocol and owns the data generated from the study

|  |  |
| --- | --- |
| **Sponsor name** |  |

**After filling in the sponsor name, GO TO PAGE 3**

# **Commercial involvement**

## Commercial sponsorship

|  |  |  |
| --- | --- | --- |
| **Category** | **Fee ($)** | **Please select** |
| Phase 1 study (including first-time-in-human)\* | 9,000 |  |
| Additional fee if an independent expert review is required | 5,000 |  |
| Other Phase study\* | 6,000 |  |
| Observational, sub- or extension study | 3,000 |  |
| Adaptive Platform/Basket/Umbrella Master Protocol | 6,000 |  |
| First Domain/Sub-study Protocol | 0 |  |
| Each additional Domain/Sub-study Protocol | 1,000 |  |
| Low risk application (single- or multi-site) submitted for full ethics review | 1,000 |  |
| Expedited review of *eligible* early phase clinical trial | 14,000 |  |
| Expedited review of COVID-related study | 12,000 |  |
| Additional fee if an independent expert review is required | 5,000 |  |
| **For all multi-site projects** reviewed by the Alfred Hospital Ethics Committee First site | 0 |  |
| Each additional site | 500 |  |

*\*Drug or device studies*

## Commercial support

|  |  |  |
| --- | --- | --- |
| **Category** | **Fee ($)** | **Please select** |
| Collaborative Group study | 600 |  |
| Investigator-initiated study with support from a commercial entity in the form of provision of drug, device and/or funding | 3,000 |  |
| Adaptive Platform/Basket/Umbrella Master Protocol | 600 |  |
| First Domain/Sub-study Protocol | 0 |  |
| Each additional Domain/Sub-study Protocol | 100 |  |

# **No commercial involvement**

## Low risk application\*

|  |  |  |
| --- | --- | --- |
| **Category** | **Fee ($)** | **Please select** |
| Alfred Health-sponsored study | Nil |  |
| Alfred Research Alliance partner-sponsored study | 100 |  |
| Non-affiliated institution-sponsored study | 300 |  |

*\*Single-site application using the Alfred Hospital Ethics Committee Low Risk Application Form*

## More than low risk application

|  |  |  |
| --- | --- | --- |
| **Category** | **Fee ($)** | **Please select** |
| Alfred Health-sponsored study with a budget of less than $2,000 per year | Nil |  |
| Alfred Health-sponsored study with a budget of $2,000 or greater per year | 200 |  |
| Alfred Research Alliance partner-sponsored study with a budget of less than $2,000 per year | 200 |  |
| Alfred Research Alliance partner-sponsored study with a budget of $2,000 or greater per year | 400 |  |
| Non-affiliated institution-sponsored study | 600 |  |
| **Additional fee** for Adaptive Platform/Basket/Umbrella Studies | 100 |  |
| First Domain/Sub-study Protocol | 0 |  |
| Each additional Domain/Sub-study Protocol | 100 |  |

**Fee/invoicing details**

**Total fee $0**

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

**Method 1: ECAN** (External Charge Advice Note)

**Entity responsible for paying this fee**

|  |  |
| --- | --- |
| Name of organisation\* |  |
| ABN |  |
| Contact person’s name |  |
| Position |  |
| Email |  |
| Phone number |  |

*\* Individuals can be invoiced if they have and provide an ABN*

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

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

*Payment by credit card is an option once an invoice has been sent (payment details in the invoice)*

**OR**

**Method 2: ICAN** (Internal Charge Advice Note)

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

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