# Research Fee Template – For Hospital and Health Services (HHS)

Inter Hospital and Health Service (HHS) Journal Transfer details for ethics and governance/site specific assessment (SSA) applications. These fees apply to submissions sponsored/led by an HHS external to Metro North Health.

#### Research submission details

|  |  |
| --- | --- |
| **ERM/Project ID** |  |
| **Project Title** |  |
| **Coordinating/Principal Investigator**  |  |

#### Inter HHS Journal Transfer (all fields must be entered)

|  |  |
| --- | --- |
| **Name (Requesting Officer)** |  |
| **Hospital and Health Service** | Choose an item. |
| **Contact No** |  |
| **Email**  |  |
| **Cost Centre/ION**  |  |
| **Business Manager Name & Title (Financial Delegate)** |  |
| **Business Manager Email** |  |
| **Business Manager Contact No** |  |
| **Business Manager Signature** |  | **Date** | Click or tap to enter a date. |

#### Submission type

| **Select** | **Collaborative Research Group (CRG)\*** | **$ Amount\*\***  |
| --- | --- | --- |
| [ ]  | Ethics Review New Application– First in human studies/Phase 1  | 1000 |
| [ ]  | Ethics Review New Application – All other  | 700 |
| [ ]  | Ethics Review Major Amendment | 200 |
| [ ]  | Ethics Review Minor Amendment | Exempt |
| [ ]  | SSA New Application– First in human studies/Phase 1  | 1000 |
| [ ]  | SSA New Application – All other  | 700 |
| [ ]  | SSA Major Amendment | 200 |
| [ ]  | SSA Minor Amendment | Exempt |

|  |  |  |
| --- | --- | --- |
| **Select** | **Investigator-Initiated\*** | **$ Amount\*\***  |
| [ ]  | Ethics Review New Application  | 150 |
| [ ]  | Ethics Amendment  | Exempt |
| [ ]  | SSA New Application  | 150 |
| [ ]  | SSA Amendment | Exempt |
| **Select**  | **Exempt from HREC Review** | **$ Amount\*\*** |
| [ ]  | Metro North Health Application  | Exempt |
| [ ]  | Non-Metro North Health Application | 55 |
| **Select**  | **Discretionary fee** | **$ Amount\*\*** |
| [ ]  | Ethics - Justification  |  |
| [ ]  | Research Governance - Justification  |  |
|  | Signature:  |  |

*\*If there is commercial funding, Metro North Health reserves the right to charge additional fees/discretionary fees (e.g., cost recovery for legal review) to the above which will be disclosed prior to accepting the study for review.*

*\*\*Amounts are excluding GST; Metro North Health sponsored/led studies are exempt from fees unless there is commercial funding.*

This is not an Invoice or Payment Advice (fees are exclusive of GST).

**Please upload this form with the relevant ethics/SSA submission via Ethical Review Manager (ERM). Failure to upload the form will delay review of the submission.**

Please refer to the Metro North Health Research Schedule of Fees for further information regarding the fee structure and definitions.

www: <https://metronorth.health.qld.gov.au/research/ethics-and-governance>