# Research Fee Template

Invoicing details for ethics and governance/site specific assessment (SSA) applications. This fee template applies for all submission that are **not** sponsored or led by a Queensland Health Hospital and Health Service (HHS).

#### Research submission details

|  |  |
| --- | --- |
| **Project Title** |  |
| **Principal Investigator** |  |
| **Project No./ERM No.** |  | **Site Number** (if applicable) |  |
| **Sponsor/Lead Institution** |  | **Protocol No.** |  |

#### Invoice details

|  |  |
| --- | --- |
| **Name of Sponsor responsible for payment /** to be addressed on the invoice |  |
| **Contact Name** (for Invoices) |  | **Contact No.** |  |
| **Company Address** (must be an Australian address) |  |
| **Email Address** |  |
| **Sponsor/Lead Institution ABN** |  |
| **Instructions for invoicing** | PO Number (If Applicable): |
| **Sponsor Confirmation** | *I confirm the above information is correct and authorise payment on receipt of a valid tax invoice*  |
| **Signed** |  | **Date** | Click or tap to enter a date. |

#### Submission type

| **Select** | **Commercially Sponsored**  | **$ Amount\***  |
| --- | --- | --- |
| [ ]  | Ethics Review New Application– First in human studies/Phase 1  | 8250 |
| [ ]  | Ethics Review New Application – All other  | 6050 |
| [ ]  | Ethics Review Major Amendment  | 880 |
| [ ]  | Ethics Review Minor Amendment  | 220 |
| [ ]  | SSA New Application– First in human studies  | 8250 |
| [ ]  | SSA New Application – All other  | 6050 |
| [ ]  | SSA Major Amendment | 880 |
| [ ]  | SSA Minor Amendment | 220 |
| **Select** | **Collaborative Research Group (CRG)** | **$ Amount\***  |
| [ ]  | Ethics Review New Application– First in human studies/Phase 1  | 1100 |
| [ ]  | Ethics Review New Application – All other  | 770 |
| [ ]  | Ethics Review Major Amendment | 220 |
| [ ]  | Ethics Review Minor Amendment | Exempt |
| [ ]  | SSA New Application– First in human studies/Phase 1  | 1100 |
| [ ]  | SSA New Application – All other  | 770 |
| [ ]  | SSA Major Amendment | 220 |
| [ ]  | SSA Minor Amendment | Exempt |
| **Select** | **Investigator-Initiated**  | **$ Amount\***  |
| [ ]  | Ethics Review New Application  | 165 |
| [ ]  | Ethics Amendment  | Exempt |
| [ ]  | SSA New Application  | 165 |
| [ ]  | 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:  | / |

This is not an Invoice or Payment Advice (\*fees are inclusive 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.

If the submission is sponsored or led by a Queensland Health Hospital and Health Service, please use the HHS Fee template available on the Metro North Health website. Metro North Health sponsored/led submissions are exempt from fees.

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