# New submission fee form – Commercially sponsored studies

|  |  |
| --- | --- |
| Date |  |
| RMH Local Project Number | **<YYYY.NNN>** | ERM Number |  |
| Commercial Sponsor |  |
| RMH Principal Investigator or *Point of Contact* |  | Sponsor identifier / Protocol number |  |
| Contract Research Organisation *(if applicable)* |  |
| Project Title |  |

**New (Initial) Ethics and Research Governance submissions (select all that apply)**

|  |  |  |
| --- | --- | --- |
| **Initial Submissions** | **$ Amount (ext GST)** | **$ Amount (inc. GST)** |
|[ ]  Ethics review only  | 6000 | 6600 |
|[ ]  Multisite - per additional site ($500 per site) | <500 x n> | <550 x n> |
|[ ]  RMH reviewing HREC & RMH Governance Review  | 8000 | 8800 |
|[ ]  Multisite - per additional site ($500 per site) | <500 x n> | <550 x n> |
|[ ]  RMH Governance Review only  | 6000 | 6600 |
|[ ]  First Time in Human (FTIH) RMH Ethics Review Only 2 | 8000 | 8800 |
|[ ]  Multisite - per additional site ($500 per site) | <500 x n> | <550 x n> |
|[ ]  FTIH RMH Reviewing HREC & RMH Governance Review 2 | 9000 | 9900 |
|[ ]  Multisite - per additional site ($500 per site) | <500 x n> | <550 x n> |
|[ ]  FTIH Coordination of Sourcing Expert Review (min. $3000; additional fees may apply) | <Contact OfR > | <Contact OfR > |
|[ ]  Telehealth /DCT study (additional fee) | 800 | 880 |
|[ ]  Genetically Modified Organism (GMO) (additional fee) | 800 | 880 |
| **Submission of Non Standard Contracts[[1]](#footnote-1)** |
|[ ]  Contracts Management Fee ($1800 per contract) | <1800 x n> | <1980 x n> |
|[ ]  In addition to above rate per International contract ($500 per contract) | <500 x n> | <550 x n> |
| **Additional Fee - Priority Review of RMH Research Governance SSA**  |
|[ ]  Priority Review Fee [[2]](#footnote-2) | 9000 | 9900 |
| **TOTAL FEE (calculate total of *all* selections)** | **$ total** | **$ total** |

**Fee structure**

###### The fees charged represent only partial recovery of the total workflow cost of review and approval.

###### Fees are cumulative based on all applicable submission modules selected.

## **Payment process**

###### Upon receiving the fee form, an invoice will be issued by the Royal Melbourne Hospital. The invoice will represent the total fee amount payable. Payment Terms are 30 days from invoice date.

## **Invoice Request Details**

###### All fields compulsory

|  |  |  |  |
| --- | --- | --- | --- |
| **Entity Name** |  | **Entity ABN** |  |
| Legal Address |  |
| Contact Person Name |  |
| Contact Person Email  |  |
| Telephone |  |
| Reference ID / Purchase Order Number |  |
| Alternate Email for Invoice payment |  |

### Journal transfers – RMH internal cost centres – GST not applicable

###### Complete this section if the fee is to be paid via internal RMH cost centre transfer

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Centre number | Cost Centre manager name | Cost Centre manager signature | Total amount (ex-GST) |
|       |       |  | $      |
|  |  | Click the centre of the image to insert scanned signature from file |  |

### Thank you.The Office for Research

### Driving change in the sector to streamline research endeavours

1. Standard contracts include Medicines Australia and MTAA templates. Contact the Office if you have any questions. [↑](#footnote-ref-1)
2. Contact the Office if pursuing a Priority Review or FTIH submission for clearance prior to submission. Additional fees may apply. [↑](#footnote-ref-2)