

Tax Invoice

Research Fee Payment Form Ethics and Governance

Submit separate Payment Forms for each new application or amendment

An ethics or governance fee is payable, but not both

Commercially Sponsored	Unit Value	GST	Total (\$)	Select
New Application				
Interventional/ Clinical Trial	6000	600	6,600	
All other studies (e.g. sub-studies, registries & observational studies)	3000	300	3,300	
Low and Negligible Risk Study (LNR)	1000	100	1,100	
Amendments				
Major Amendment (Ethics or Governance)†	650	65	715	
Minor Amendment*	200	20	220	
Collaborative/ Investigator-Initiated	Unit Value	GST	Total (\$)	Select
Funding obtained from a source other than a pharmaceutical or device company e.g. NHMRC, NIH, a hospital, or collaborative group, etc. The fee applies to the Institution deemed to be the custodian of the Protocol and/or Institution through which a funding application was submitted.				
Initial / New Submissions				
Investigator-Initiated from South West Healthcare	0	0	0	
Interventional/ Clinical Trial with commercial support	3000	300	3,300	
Interventional/ Clinical Trial without any commercial support	600	60	660	
All other studies	500	50	550	
Amendments				
Investigator-Initiated from South West Healthcare	0	0	0	
Major Amendments	200	20	220	
Minor Amendments	100	10	110	

† Includes but are not limited to the following: Protocol amendments, substantial PICF amendments and addition of new study documents (Research tools, CRFs).

*Includes but are not limited to the following: Sponsor initiated amendment to contacts, Sponsor initiated name changes, change of PI, addition of site, changes to investigator brochure, addition of study documents (Flyers, Advertisements, Letters, Memos)

Payment Method

Date:		Principal Investigator	
SWH Reference No:		SWH Contact name:	
Sponsor Name:		Sponsor ABN:	
Project Title			
Protocol Number			
Keywords			

Invoice Request (include GST) please complete below and email to: swhrefivables@swh.net.au

Fee/invoicing details:

Total invoice (calculated unit fee plus 10% GST) \$ _____

Please provide details for invoicing purposes:

Full registered name of sponsor/CRO/institution/agency	
Company ABN	
Contact person's name	
Position	
Contact phone number	
Email address for invoice to be sent	
Postal address including postcode	
Cost centre and account code	P0920 57801
<i>If required:</i> Additional information to be included on the invoice (e.g. PO#, site number, PI, etc.) Please check CTra if applicable.	

Finance Service Use Only:

Invoice details below:

Oracle Client #	Cost centre	Memo Line: Invoice description	Tax Code	Oracle Invoice No:	Date
	P0920	CREATe Research Fee	G6		