Office for Research

PO Box 52 FRANKSTON VIC 3199

 Telephone: +61 3 9784 2680 Ethics Email: researchethics@phcn.vic.gov.au

 Governance Email: rgo@phcn.vic.gov.au

**Recipient Created Tax Invoice Ethics/Governance Payment Form**

|  |
| --- |
| Please complete the appropriate Option (1 or 2 or 3). Please note that GST does not apply when requesting a transfer of funds from an internal department (Option 1). GST is applicable for all other forms of payment (Option 2 and 3). Please tick the appropriate boxes where applicable. Please contact the Office for Research on 9784 2679 or 2680 if you have any queries. |

**Upon payment this document becomes a Tax Receipt. Please retain a copy, as no further receipt will be issued.**

|  |  |
| --- | --- |
| Project title: |  |
| Principal Investigator: |  |
| HREC Number: |  | Project/Protocol No: |   |
| Company/Sponsor Name:  |  |
| Company/Sponsor ABN: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Initial Submission** |  |  |  |
| Tick relevant category | Study review type | Amount($) | GST($) | Total inc GST ($) |
|  | **More than Low Risk Projects** |  |  |  |
| [ ]  | Commercially Sponsored Clinical Trial | 5400 | 540 | 5940 |
| [ ]  | Commercially Sponsored Clinical Trial Sub-Study  | 2000 | 200 | 2200 |
| [ ]  | Non-commercial externally sponsored Clinical Trial eg collaborative group | 500 | 50 | 550 |
| [ ]  | External Project (non-clinical trial) for profit entity | 500 | 50 | 550 |
| [ ]  | External Project (non-clinical trial) not for profit entity | 300 | 30 | 330 |
| [ ]  | Project undertaken by Monash University staff | 200 | 20 | 220 |
| [ ]  | Student projects undertaken as part of an academic program at a tertiary institution | 100 | 10 | 110 |
| [ ] [ ]  | In house projects (protocol developed by PH staff):FundedNon funded | 1000 | 100 | 1100 |
|  | **Low Risk Projects** |  |  |  |
| [ ]  | Low Risk Project - Commercially sponsored | 1000 | 100 | 1100 |
| [ ]  | Other Low Risk Project  | 0 | 0 | 0 |

|  |  |  |  |  |
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|  | **Post Approval Fees (apply only to Commercially Sponsored Trials)** |  |  |  |
| Tick relevant category | Study type | Amount($) | GST($) | Total inc GST ($) |
| [ ]  | Commercially Sponsored Clinical Trial: Amendment, Protocol, PICF, IB with new PICF | 600 | 60 | 660 |
| [ ]  | Commercially Sponsored Clinical Trial: New/Amended Investigators Brochure only (No PICF) | 200 | 20 | 220 |
| [ ]  | Commercially Sponsored Non-substantial amendment (including but not limited to updates to; patient-facing documents i.e.Patient cards, posters, diaries, surveys, questionnaires; advertisements) | 200 | 20 | 220 |
| [ ]  | Commercially Sponsored CTRA Amendment | 200 | 20 | 220 |
| [ ]  | Commercially Sponsored Clinical Trial: Changes to Peninsula Health Principal Investigator including CTRA and Indemnity if required | 200 | 20 | 220 |

Fees are not charged for amendments other than those listed above.

**Option 1 – For internal projects you must quote a Peninsula Health Cost Centre (GST not applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Peninsula Heath SPF No: | Name of Department or Cost Centre | Subjective | Charge -see fee schedule |
|  |  |  |  |
| Authorised by: |
| Print Name  | Signature | Date | Contact Phone No. |
|  |  |  |  |

**Option 2 – Payment by Cheque or Credit Card (including GST)**

[ ]  Cheque (made out to “Peninsula Health”) [ ]  VISA [ ]  MasterCard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card number  |  | Exp date |  | Name on Card |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Signature |  |  | Amount | $ |

**Option 3 – Payment by EFT (including GST)**

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| **Instructions**1. Please quote the HREC number (and name of Principal Investigator) when processing the EFT payment details
2. Submit a copy of the remittance advice noting cost-centre FRA-Y2195 together **with this form** for the EFT to be processed
 | **Peninsula Health Banking Details**ACCOUNT NAME: Peninsula HealthBANK: Westpac Banking CorporationBRANCH: Wells Street FrankstonSWIFT CODE: WPACAU2SBSB: 033-272 ACCOUNT NO: 157221 |
| OFFICE USE ONLY: Cost Centre for Deposit FRA-Y2195 |  |

**Written Agreement**

The recipient and the supplier declare that this agreement relates to the above supplies. The recipient will issue tax invoices in respect of these supplies. The supplier will not issue tax invoices in respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. The recipient acknowledges that it is registered for GST and that it will notify the supplier if it ceases to be registered. Acceptance of this recipient created tax invoice (RCT) constitutes acceptance of the terms of this written agreement. Both parties to this supply agree that they are parties to an RCTI agreement as outlined in GSTR 2000/10. The supplier agrees to notify the recipient if the supplier does not wish to accept the proposed agreement.

**FEE STRUCTURE EXPLANATION**

The payment form **must** accompany applications for new projects or amendments to active projects

**New Projects**

When submitting a new study to the Peninsula Health Office for Research, a review fee will be required at submission. The amount payable is dependent on the type of research project being submitted and whether it is commercially sponsored. **Please note you will be charged either a Research Governance/Site-Specific Assessment fee or an Ethics Review fee, but not both.**

**Post Approval**

A review fee is also required at submission of an amendment to a commercially sponsored study or new/amended Investigator’s Brochure. The amount payable is dependent on the type of amendment being submitted. Please refer to the Payment Form for descriptions of amendments and their related fees.

**Further Information**

**Amendments** for which there is no charge **include but are not limited to:**

* Administrative updates to PICF (e.g. change of a phone number/address)
* Administrative updates to the protocol (e.g. change of sponsor contact details)
* Ethics extension request

**Fee Waiver**

Consideration may be given to fee waiver/reduction requests in special circumstances. All requests for fee

waiver/reduction are to be made in writing at the time of project submission and addressed to:

Manager

Office for Research

PO Box 52

FRANKSTON VIC 3199

If you are unsure of the fees payable with your submission please contact the Office for Research.