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| Fees are payable in FULL at the time of submitting a Research Governance/Site-Specific Assessment application or an Ethics Application for review by the Western Health Low Risk Ethics Panel (LREP).Projects will not be accepted without a completed payment form. Payment is per Project, please see Fee Schedule (v5, May 2023) for more information. If unsure, please contact the Office for Research for clarification to determine whether fees are applicable; ethics@wh.org.au; 03 8395 8072. Please check the tick box indicating the fee you are paying and the payment method. |

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| **Date**  | Protocol No. Where applicable | ERM ID Reference No. Compulsory Field: |
| Select date | Enter Protocol No. | Enter Ethics Reference |
| Item submitted – select one of the options below |
| [ ] New Research Project Submission/Site-Specific Assessment Governance Application; OR [ ] Amendment. Amendment type and date: Enter details |
| Company: | Company ABN: | Contact Name: |
| Enter text | Enter text | Enter text |
| Company Address: |
| Enter text |

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| **Ethics and Governance Submission Service (EGSS)** | **Unit Value ($)** | **GST ($)** | **Total ($)** |
| [ ] Commercially Sponsored project | 1800 | 180 | 1980 |
| **Commercially Sponsored Research Projects**  | **Unit Value ($)** | **GST ($)** | **Total ($)** |
| **Initial Submissions** |
| [ ]  New Research Project Application | 6500 | 650 | 7150 |
| [ ]  New Research Project Application Expedited Review (3 working days) | 8500 | 850 | 9350 |
| [ ]  New Research Project Application – WH is lead site under NMA process | 3300 | 330 | 3630 |
| [ ]  Registries/Observational study | 3300 | 330 | 3630 |
| [ ]  Sub-Study | 2700 | 270 | 2970 |
| **Amendments** |
| [ ]  Protocol Amendment | 770 | 77 | 847 |
| [ ]  Investigator Brochure Amendment/ Administrative Changes | 240 | 24 | 264 |
| **Investigator- Initiated/ Collaborative Group, no commercial involvement** |
| [ ]  Investigator Initiated – Western Health | 200 | 20 | 220 |
| [ ]  Investigator Initiated – External institution | 300 | 30 | 330 |
| [ ]  Collaborative Group/Health Department Initiated | 600 | 60 | 660 |
| **Amendments** |
| [ ]  External Institution & Collaborative/ Health Department – Major Amendment | 100 | 10 | 110 |
| **Quality Assurance and Low/Negligible Risk Projects**  |
| [ ]  QA submisstion (Initiated by WH, external, collaborative/commercial) | 100 | 10 | 110 |
| [ ]  LNR Initiated by Western Health  | 200 | 20 | 220 |
| [ ]  LNR Initiated by External Institution | 300 | 30 | 330 |
| [ ]  LNR Initiated by Collaborative Group | 400 | 40 | 440 |
| [ ]  Western Health providing Ethical Review on behalf of an external institution | 500 | 50 | 550 |
| [ ]  Initiated by Commercial Sponsor | 1200 | 120 | 1320 |
| **Amendments** |
| [ ]  Initiated by External institution/Collaboration Group – Major Amendment | 100 | 10 | 110 |
| [ ]  Western Health providing Ethical Review on behalf of an external institution – Major Amendment | 100 | 10 | 110 |
| [ ]  Initiated by Commercial Sponsor – Major Amendment | 200 | 20 | 220 |
| **Total Amount Payable** | **$** Enter amount |

**Payment Methods**

**Complete 1 of the 3 payment options:**

**Credit card, Electronic Funds Transfer (EFT) or Internal Funds Transfer (IFT)**

|  |  |
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| [ ]  | **Credit Card** |
| 1. To make payment via WH Web Banking Services click on the link on our website [here](http://www.westernhealth.org.au/EducationandResearch/Research/General%20Information/Pages/Research-Governance-Fees.aspx).
2. Provide a screenshot or print the payment receipt together with the Compliant Tax Invoice to ethics@wh.org.au with your submission.
3. Payment screenshot/print receipt attached [ ]  Date paid Select date
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| [ ]  | **Electronic Funds Transfer (EFT)** |
| 1. You MUST state ETHICS and the [ERM ID reference] e.g ETHICS-ERM12345 as part of the payment/transaction description for all ethics and governance fees paid via EFT to the Payee (WH Operating). 2. Send the Remittance Advice (RA) details and the Compliant Tax Invoice to BOTH wh-financedirectdeposits@mh.org.au & ethics@wh.org.au when the payment is made. 3. Copies of the Remittance Advice and the Compliant Tax Invoice should also be included with the initial submission to ethics@wh.org.au  |
| **Western Health Banking Details** | **Date of Transaction** | **Remittance Advice attached** |
| Name: WH OperatingBank: National Australian BankBSB No. : 083170 A/C No. : 123660703Branch: 288 Lygon Street Carlton VIC 3053Swift Code: NATAAU3303M | Select date | Yes[ ]  |
| **Transaction Decription Details** |
| Ensure remittance references ERM ID number |

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| [ ]  | **Internal FundsTransfer** |
| Please ensure you state the full cost centre number and cost centre name. This section must be signed by the Cost Centre Manager When paying via internal funds transfer **please pay the amount excluding GST** Provide one signed copy of this form with your application. |
| Principal Investigator: | Cost Centre Number: | Cost Centre Name: |
| Enter text | Enter text | Enter text |
| Cost Centre Manager (PRINT NAME): | Cost Centre Manager Signature: |
| Enter text |  |

Finance Service Use Only

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| --- | --- | --- |
| Cost Centre | AC | Tax Code |
| WWH-Y7590 | 58104 | G1 |
| Receipt Number | Date |  |
| Enter text | Select date |  |