

**Eastern Health Office of Research and Ethics**

**Fee Notification Advice (FNA)**

For Full HREC Review, Negligible/Low Risk Research and Governance requiring payment

**Completed form must be submitted with or prior to document submission to:**

**Eastern Health Office of Research** [**ethics@easternhealth.org.au**](mailto:ethics@easternhealth.org.au)

**Following receipt of a completed FNA Eastern Health raise an invoice.**

**For invoices being sent to Sponsors, please ensure ALL information required by Sponsors is entered as Sponsors require accurate and current details on the invoice to make payment. This incudes but not limited to, accurate ABN, address, PI, Site Number etc.**

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| --- | --- | --- | --- | --- | --- |
| **Company Name** | Click here to enter text. | | | **Date** | Click here to enter a date. |
| **Email Address**  ***To forward invoice*** | Click here to enter text. | | | **ABN** | Click here to enter text. |
| **Company Postal Address** | | Click here to enter text. | | | |
| **Company Contact Person** | | Click here to enter text. | | | |
| **HREC/ERM Reference** | | | Click here to enter text. | | |
| **Eastern Health Reference Number** | | | Click here to enter text. | | |
| **Study Title** | | | Click here to enter text. | | |
| **Protocol No.** | | | Click here to enter text. | | |
| **Principal Investigator** | | | Click here to enter text. | | |
| **Study Site No. *Required by most sponsors*** | | | Click here to enter text. | | |
| **Purchase Order Number**  ***If applicable to your organisation.*** | | | Click here to enter text. | | |
| 1. **Commercially Funded Research Projects.**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fee** *(select checkbox)* | **Version Number and Date** | **Fee** | **GST** | **Total** | | **New Study Submission** | Click here to enter text. | $6500 | $650 | **$7150** | | **Addition of a Sub-study** | Click here to enter text. | $2000 | $200 | **$2200** | | **Protocol Amendment**  **(Inclusive of PICF Changes)** | Click here to enter text. | $730 | $73 | **$803** | | **Investigators Brochure Changes** | Click here to enter text. | $190 | $19 | **$209** | | **PICF (Admin Changes only)** | Click here to enter text. | $100 | $10 | **$110** | | | | | | | | | 1. **Projects externally initiated by non-Eastern Health researchers (including where Eastern Health researchers are listed as associate researchers).**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fee Type** *(select checkbox)* | **Version Number and Date** | **Fee** | **GST** | **Total** | | **New Study Submissions** (No Funding) | Click here to enter text. | $650 | $65 | **$715** | | **New Study Submissions** (Funded) | Click here to enter text. | $700 | $70 | **$770** | | **Amendment Funded** ( Non Commercial) | Click here to enter text. | $100 | $10 | **$110** | | | | | | | | | 1. **Projects from Eastern Health and affiliated university department researchers.**   **(La Trobe: Allied Health; Deakin: Nursing; Monash: Medicine, Nursing and Health Sciences)**  **with allocated funding from external sources.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fee Type** *(select checkbox)* | **Version Number and Date** | **Fee** | **GST** | **Total** | | **New Study Submissions** | Click here to enter text.. | $650 | $65 | **$715** | | **Amendment Funded** (Funded Only) | Click here to enter text. | $100 | $10 | **$110** | | | | | | | | | 1. **Projects from affiliated university department researchers (La Trobe: Allied Health; Deakin: Nursing; Monash: Medicine, Nursing and Health Sciences) with no external funding.** | | | | | | | | **Fee Type** *(select checkbox)* | **Version Number and Date** | **Fee** | **GST** | **Total** | | **New Study Submissions** | Click here to enter text. | $250 | $25 | **$275** |  |  |  | | --- | --- | | **Total Amount** | **$**Click here to enter text. | | | | | | |

**Please provide a purchase order number in above section, if your organisation requires one for invoice. It also helps with expediency if the organisation is aware of invoices pending arrival specifically that it is for governance and ethics fees, only.**