Please confirm invoicing details with the sponsor and ensure these are correct prior to completion and submission.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Research |  | | | | | | | |
| HREC Application # |  | | | SSA Application # | |  | | |
| SSA Site Name |  | | | | | | | |
| Site Principal Investigator: |  | | | Email: |  | | | |
| **Type of Application : Commercial Studies** | | | | | | | **Fee**  **(exc. GST)** | **Please Tick** |
| New SSA Application – Sponsor Initiated | | | | | | | $4400 |  |
| Contract Amendment | | | | | | | $440 |  |
| Review of updated study documentation (e.g. Protocol, PICF, IB etc.) | | | | | | | $330 |  |
| **Type of Application : Cooperative Research Group (CRG) Clinical Trials and other Non- commercially sponsored Clinical Trials**  The single fee covers the life of the study including any amendments received post-approval. Payment of the TGA’s CTN submission fee (and any other relevant CTN fee) is the responsibility of the CRG or PI and not the Institution, and is in addition to this fee. | | | | | | | **Fee**  **(exc. GST)** | **Please Tick** |
| Non – commercially sponsored CTN Clinical Trial SSA review | | | | | | | $1100 |  |
| Non – commercially sponsored clinical trial with no CTN submission | | | | | | | $330 |  |
| **Contract Review Fee**  This fee applies to the review of ‘non-standard’ research agreements that require site review by an appropriate officer. This fee may be altered to cost recovery at the discretion of the institution. | | | | | | | **Fee**  **(exc. GST)** | **Please Tick** |
| Contract Review Fee | | | | | | | $550  or cost recovery |  |
| **All fees will be consistent with the SA Health Fee Schedule and may be subject to alteration without notice**  [**https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+and+medical+research/research+ethics/research+ethics+and+governance+fees**](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+and+medical+research/research+ethics/research+ethics+and+governance+fees) | | | | | | | | |
| **Invoicing Details - Incomplete submissions will be returned** | | | | | | | | |
| Sponsor Name and ABN | |  | | | | | | |
| Sponsor Address | |  | | | | | | |
| Special Invoice Codes as Required by Sponsor (e.g. Purchase Order #, Sponsor Site Code) | |  | | | | | | |
| Contact Name, Email and Phone | |  | | | | | | |
| Site Customer ID #  (Shared Services Code) |  | | Site Customer Location ID #  (Shared Services Code) | | | |  | |