

Low Risk/Governance Services

1 January 2024

Date	Cabrini Project Number	Principal Investigator Name

Review Type	Fee (+ GST)
<input type="checkbox"/> Commercially Sponsored Governance Review	\$5,500
<input type="checkbox"/> Funded Investigator-Initiated Governance Review (e.g. collaborative research group, external protocol)	\$750
<input type="checkbox"/> Unfunded Investigator-Initiated Governance Review (e.g. collaborative research group, external protocol)	\$500
<input type="checkbox"/> Unfunded Investigator-Initiated Low/Minimal Risk or Governance Review (Cabrini employee or VMO – local protocol)	Nil

Governance Amendment Categories (Commercially Sponsored)	No. of documents	Fee (+ GST)
<input type="checkbox"/> Protocol Amendment		\$700
<input type="checkbox"/> Investigator Drug Brochure – resulting in updated PICFs		\$300 per document
<input type="checkbox"/> Investigator Drug Brochure – with no amendment PICFs		\$150 per document
<input type="checkbox"/> Other Amendments (charged per amendment) (e.g. updated PICF's submitted without an updated protocol, protocol clarification letters, IB Addendum, Dear Investigator letters, questionnaires, patient diaries, advertising, recruitment material)		\$200
<input type="checkbox"/> Document Administration Fee – projects requiring additional administrative support or extensive review		\$200
<input type="checkbox"/> CTRA Amendment		\$200
Total (AUD)		

Person submitting amendments/documents	Date submitted

Cabrini Research

154 Wattleree Road
 mail to 183 Wattleree Road
 Malvern Vic 3144 Australia
 p: (03) 9508 3434 f: (03) 9508 3405
 e: research@cabrini.com.au
 www.cabrini.com.au

Cabrini Health Limited
 ACN 108 515 073

Fee/Invoicing Detail

Please provide details for either Method 1 or Method 2 (CTA excluded)

METHOD 1

Responsible entity and contact details (if changed from initial submission)

Name of sponsor/CRO/institution responsible for this payment	
Company ABN / ACN	
Contract person's name	
Position	
Email	
Phone number	

Mandatory if invoice is to be paid by Monash University

Purchase Order Number	
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Or

METHOD 2

Please provide details if payment is to be made by internal transfer within Cabrini

Cost Centre Number	
Cost Centre Name	
Cost Centre Manager	
Approved by Cost Centre Manager	<input type="checkbox"/> Yes

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