

Mater Health Services FINANCIAL COSTING FOR RESEARCH STUDIES

Explanatory Note

It is expected that every Principal Investigator will consider the way in which their proposed research will impact on the utilisation of Hospital resources. The following budget outline has been developed to assist researchers in identifying and clarifying the costs of research activity that occurs in addition to regular patient intervention. This form should include details on activity that is for research purposes only. All research relevant costs for pathology, pharmacy, nursing, human resources, goods and services, and travel and accommodation need to be accurately costed by the relevant departments. The Management Accountant of the relevant hospital will collate these costs into an overall total figure, which will be estimated at an annual value.

In consultation with the relevant Management Accountant and Executive Director, Principal Investigators will meet to negotiate an annual upfront cost, based on the level of funding for their research. This cost will be determined based on the expected patient numbers. If the funding granted for a particular study is not sufficient to cover all the costs, then the difference between the external support and the actual cost must be disclosed on the budget form. Depending on progress of the research, which will normally be monitored at annual intervals, subsequent annual payments will be negotiated with the Management Accountant.

The Human Research Ethics Committee is required to review the budget for every research study to ensure that financial agreements are ethical. In addition, the Research Ethics Coordinator is required to review the documentation provided in the application to ensure that all documentation is available for consideration.

This form is particularly appropriate for unfunded studies. If you are conducting fully funded research, please liaise with your Management Accountant, they have an Excel spreadsheet to clearly identify all costs.

RESEARCH PROTOCOL – FINANCIAL COSTING SUMMARY FORM

Protocol Title:

Principal Investigator:

Source of funding: (granting body/pharmaceutical company etc)
.....

Total yearly external support of project: \$
Or Reimbursement per participant recruited: \$

Numbers of years support:

YEARLY BUDGET

If you are conducting “unfunded” research that will include pathology, pharmacy, radiology etc costs – please justify the expenditure of these costs (to be absorbed by the Mater Health Services eg. participants would receive exactly the same tests, on or off the study, no additional tests required. Please detail all tests whether the study is funded or unfunded. Please attach a pathology/pharmacy/radiological agreement with this summary.

1. PATHOLOGY COSTS

The estimated costs of pathology investigations will be:

Item	Cost per test	Number of tests	Cost per annum
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2. PHARMACY COSTS

The estimated costs of drugs related to this research will be:

Drug	Cost per item	Number of tests	Cost per annum
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2. RADIOLOGY COSTS

The estimated costs of x-rays, CT scans, MRI, PET scans will be:

Item	Cost per test	Number of tests	Cost per annum
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3. HUMAN RESOURCE / NURSING COSTS

Position	FTE required	Salary	On-costs	Total
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In the case of unfunded study – please describe the time it will take to undertake the research, and whether your cost centre can cover this cost. If you are a Mater sponsor please advise

your management accountant of the approximate time it will take to support this research and how valuable you consider the research question. If you require reimbursement for your participation in the study please ensure the researcher includes this in the budget.

4. GOODS AND SERVICES COSTS

The following costs will be incurred in the completion of this research

Admin and stationery costs,

5. EQUIPMENT

The following equipment is required

Item Cost – Purchase / Lease

6. TRAVEL AND ACCOMMODATION

The following travel and accommodation costs are required to complete this research

Please also advise if participants will be reimbursed for travel costs to participate in this study.

7. OTHER COSTS

Please review Schedule of Fees for HREC review. If your study is fully sponsored please provide the following information for HREC billing purposes:

Contact name (CRO).....

Name of sponsor (pharmaceutical company).....

Address.....

Telephone.....

ABN.....

8. FINANCIAL REPORTING ARRANGEMENTS

Specify any specific financial reporting, audit requirements and cost centre reimbursement.

*If you have received a grant when do you have to report to your funding body (eg NHMRC) and does it require financial reporting? **Please ensure your Management Accountant is aware of these requirements.***

9. ESTIMATED TOTAL YEARLY COST OF STUDY \$

Please indicate if external funding does not cover the required costs

I certify that these costs are an accurate and ethical representation of the utilisation of current hospital resources required to complete this research.

Management Accountant:

Date: