# Sponsored Research - Administration Fee Invoice

This invoice and your payment must be submitted with your application to the REB. Applications that do not include the REB fees will not be reviewed and will be returned to the investigator.

**REB Fees are Non-Refundable; all fees must be in Canadian Dollars (CAD)**

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| **REB Ref. #:** *(if assigned)* |  |
| **Full Protocol Title:** |  |
| **Short Protocol Title:** |  |
| **MGH Investigator:** |  |
| **Sponsor:** |  |
| **Date:** |  |
| **Notes:** |  |
| **Optional Details:** (e.g., protocol number, description of services provided, PO number) | |
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| **Please Select All That Apply:** | Application Fee **$3200.00 CAD**  Annual Renewal Fee **$700.00 CAD**  Amendment Fee **$700.00 CAD** |
| **Payment Method #1:**  **Payment Method #2:** | Cheque, **Canadian Dollars (CAD)**   * Please make cheque payable to *Michael Garron Hospital* * Please include this completed invoice with your payment and research application to:   Department of Research and Innovation  Michael Garron Hospital - Toronto East Health Network 825 Coxwell Avenue, **Room C424**  Toronto, ON, M4C 3E7 |
| Wire transfer fee/service charge: **$80.00 CAD**   * **You are responsible for incurring the above wire transfer fee, should you choose this method. Please indicate “REB C424” in the wire transfer.**   You must fully complete this form and send it with your notification of payment to the Department of Research and Innovation at [ResearhAdmin@tehn.ca](mailto:ResearhAdmin@tehn.ca) prior to your REB submission. |
| **Total Amount:** |  |

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| **For Business Office Only:**   * Please include the **researcher’s name, short study title, and sponsor** on the receipt. (*highlighted yellow sections*) * Please send receipt to the Department of Research and Innovation, Room C424. * Please Deposit into account # **410004683-21502000** |