

## Standard Budget

Research Project Details	
HREC Protocol No: (If applicable)	
SSA Protocol No: (If applicable)	<i>(this number will be issued by the Research office)</i>
AURED HREC Ref No:	
Study Title:	
Research Site	
Co-ordinating /Principle Investigator:	

### 1. Income

#### Details of Funding

*You must explain how the conduct of the research at the above listed site will be funded. Please ensure that you complete all sections or mark N/A if the section does not apply.*

#### 1.1 External support of project **[Please insert the name of the organisation]**

(E.g. From funding body or sponsor)= \$ \_\_\_\_\_

#### 1.2 Per Patient Payment

If (applicable) = \$ \_\_\_\_\_

#### 1.3 Internal Support **[Please insert the name of the Department]**

(E.g. from Hospital Department) = \$ \_\_\_\_\_

#### 1.4 Cost Centre \_\_\_\_\_

*(A cost centre number must be provided in circumstances where payment of funding is provided from an external organisation to enable researchers to undertake their research.)*

## 2. Expenditure / Resource Costs

### 2.1 Personnel

Are any hospital department staff members being asked to undertake research activities as part of a department's involvement in the above research? If so you must complete the table below.

Department	Position	Role in the research	Hrs on Project	Cost/Hr	Total Cost

Total Personnel cost \$\_\_\_\_\_

### 2.2 Service Costs

Will there be any additional laboratory tests (eg. Haematology, Biochemistry, Microbiology), investigations (eg. endoscopy, ultrasound, MRI), Pharmacy Services, Medical Records, bed costs etc. as a result of the departments involvement in this research? If so please list these below?

NB: Separate forms are to be included for each department. Quotes must be obtained if using PALMS and/or laboratory services

Service (eg. Haematology, Biochemistry, Microbiology), investigations (eg. endoscopy, ultrasound, MRI), Pharmacy Services, Medical Records, bed costs etc	Department Responsible for providing these services	Is a quote for these services attached?
		Yes/No
		Yes/No
		Yes/No

Total Service Costs \$\_\_\_\_\_

### 1.2.3 Administrative Costs

Will there be any administrative costs associated with the conduct of this research at the above hospital site? This includes photocopying, stationery, postage etc. If so you are required to list these costs here.

Administrative Service (e.g. photocopying, stationery, postage etc)	Cost
Photocopying	
Stationery	
Data Handling/ Computing	
Postage	

Total Administrative Costs \$\_\_\_\_\_

### Patient/Subject Costs

Patient Subject Cost	Cost
Parking	
Accommodation	
Travel	
Phone	

Total Patient Subject Costs \$\_\_\_\_\_

**1.2.6 Equipment**

*Will equipment be purchased or hired for the purposes of this research? If so you will need to provide the details of this equipment and the costs associated with obtaining it.*

\$ \_\_\_\_\_

**1.2.7 Other Costs**

Eg. payments to volunteers

\$ \_\_\_\_\_

**1.2.8 Levy – (see Fee Policy in Appendix 5)**

\$ \_\_\_\_\_

**1.2.9 TOTAL EXPENDITURE**

\$ \_\_\_\_\_

**1.2.10 TOTAL INCOME - EXPENDITURE**

\$ \_\_\_\_\_ \*

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\* If there is a surplus, please detail how the surplus will be used. If there is a deficit, please detail which department will cover the cost associated with the study.

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Declaration by Department Business Manager or Head of Department:

***Please remove the points that do not apply to your research project.***

- I can confirm that there will be no financial costs associated with the conduct of this research within the [department name] at [site name].
- I can confirm that the [department name] is able to provide the following resources required to undertake this research at [site name].
  - [Please insert a description of the resources to be provided]
  - [Please insert a description of the resources to be provided]
  - [Please insert a description of the resources to be provided]
- I can confirm that the [department name] will receive reimbursement for the costs mentioned above. Financial reimbursement for the costs listed above will be paid into cost centre [cost centre details].

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_