



RESEARCH GOVERNANCE FEE – NEW APPLICATIONS
Fees are payable in FULL at the time of submitting an amendment

| | | | |
|---------------------------|--|------|--|
| HREC Number (Compulsory) | | Date | |
| Project title | | | |
| NH Principal Investigator | | | |
| Sponsor Name | | | |
| Sponsor ABN | | | |
| Contact Person | | | |

Please tick the checkbox to indicate the fee you are paying

| Commercially Sponsored | | \$ | GST (\$) | Total (\$) |
|----------------------------|--|------|----------|------------|
| <input type="checkbox"/> | Commercially Sponsored Study | 2750 | 275 | 3025 |
| <input type="checkbox"/> | Commercially Sponsored Sub-Study | 1110 | 111 | 1221 |
| <input type="checkbox"/> | Investigator initiated/Collaborative with commercial involvement | 1110 | 111 | 1221 |
| <input type="checkbox"/> | Low/Negligible Risk Project with commercial involvement | 130 | 13 | 143 |
| Non-commercially Sponsored | | \$ | GST (\$) | Total (\$) |
| <input type="checkbox"/> | Investigator initiated – Northern Health (individual no funding) | 0 | 0 | 0 |
| <input type="checkbox"/> | Investigator initiated – Northern Health (funding*) | 100 | 10 | 110 |
| <input type="checkbox"/> | Investigator initiated – External institution | 200 | 20 | 220 |
| <input type="checkbox"/> | Collaborative Group with no commercial involvement | 280 | 28 | 308 |

*Funding obtained from a source other than a pharmaceutical or device company, e.g. funding from NHMRC, NIH, grants, etc.

PAYMENT METHODS: Complete 1 of the 4 payment options available

| Option 1 – Cost Centre Transfer (GST not applicable for internal projects) | | | |
|--|------------------|------------------------|-------------------|
| Northern Health SPF No: | Name of Dept/SPF | Expense Classification | Amount |
| | | | \$ |
| Name of authorised Cost Centre Custodian: | | Signature | Date |
| | | | Contact Phone No. |
| | | | |

Option 2 – Credit Card (incl. GST)

VISA MasterCard CCV No: _____ (must be included)

| Credit card number | Exp date | Name on Card |
|--------------------|----------|--------------|
| | | |
| Signature | | Amount \$ |
| | | |

Option 3 – Electronic Funds Transfer (EFT) incl. GST

| | |
|--|--|
| <p>Instructions</p> <ol style="list-style-type: none"> Please quote the HREC number, cost centre 'NNH-Y6119' & 'Governance Fee' when processing the EFT payment details. Submit a copy of the remittance advice and this form together with your application to ethics@nh.org.au. Email a copy of this form with your remittance advice to: NHAR.remittance@nh.org.au. | <p>Northern Health Banking Details</p> ACCOUNT NAME: Northern Health Operating Account BANK: National Australia Bank BRANCH: 129-135 Elgin St, Carlton VIC 3053 SWIFT NO: NATAAU3303M BSB: 083 170 ACCOUNT NO: 123 170 261 |
|--|--|

Option 4 – Cheque (incl. GST)

Cheque (made out to "Northern Health") Cheque No: _____

FEE STRUCTURE

A research governance review fee is required at submission of a new study. The amount payable is dependent on the type of research project being submitted and whether it is commercially sponsored.

Investigator Initiated with commercial involvement: Funding and/or investigational product provided by a pharmaceutical or device company.

Investigator Initiated – Non-commercially sponsored: Funding obtained from a source other than a pharmaceutical or device company eg. NHMRC, NIH etc.

If you are unsure which fees should be submitted with your submission please feel free to contact the Northern Health Office for Research & Ethics

Email: ethics@nh.org.au Ph: 8405 2918