Northern Health Office of Research & Ethics ABN: 42 986 169 981 GST Compliant Tax Invoice

Northern Health, 185 Cooper Street, Epping VIC 3076 Telephone: 03 8405 2918 Email: ethics@nh.org.au



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

HREC	Number (compulsory)					Date			
Proje	ct title								
NH P	rincipal Investigator								
Company Name									
Company ABN									
Company Address									
Conta	act Person								
Please tick the checkbox to indicate the fee you are paying									
Governance Review - Amendments						\$	GST (\$)	Total (\$)	
	Major Amendments*	ajor Amendments**- Commercially Sponsored				650	65	715	
	☐ Minor Amendments***- Commercially Sponsored						11	121	
	Major Amendment: Investigator Initiated/collaborative with commercial involvement					300	30	330	
	Minor Amendment: Investigator Initiated/collaborative with commercia involvement					100	10	110	
☐ Investigator initiated/Collaborative Group, no commercial involvement						0	0	0	
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				
Northern realth 311 No. Name of Dept/311					Lxperise C	Jassincation	\$		
Nan	ne of authorised Cost C	entre Custodian: Si		nature		Da		ontact 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									
Instructions Northern Health Banking Details									
1. Please quote the HREC number , cost centre 'NNH-Y6119' & ACCOUNT NAME: Northern Health Operating Account								ting Account	
'Governance Fee' when processing the EFT payment details					BANK: National Australia Bank BRANCH: 129-135 Elgin St, Carlton VIC 3053				
2. Submit a copy of the remittance advice and <b>this form</b> together with your application to <a href="mailto:ethics@nh.org.au">ethics@nh.org.au</a> .					SWIFT NO: NATAAU3303M				
	3. Email a copy of this form with your remittance advice to:  3. Email a copy of this form with your remittance advice to:					BSB: 083 170			
NHAR.remittance@nh.org.au .  ACCOUNT NO: 123 170 261									

## Option 4 – Cheque (incl. GST)

 $\hfill\Box$  Cheque (made out to "Northern Health") Cheque No:

## **FEE STRUCTURE**

A research governance review fee is required at submission of an amendment to a study. The amount payable is dependent on the type of project and amendment being submitted.

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.

## **Type of Amendments**

Listed below are some examples of major and minor amendments:

\*\*Major Amendments: Protocol Amendments, Substantial PICF changes include changes to the PICF due to updated safety information and/or protocol amendments with or without CTRA Addendum. This does not include administrative changes to the PICF such as addition of investigators or syntax/typographical amendments.

Admin/IB changes will not incur a charge if submitted in conjunction with a protocol amendment or substantial PICF changes. For example, if a protocol and an IB are submitted together, the ethics review fee for the amendment will be \$715.

\*\*\*Minor Amendments: Admin changes; updated IB; addition of investigator only, CTRA Addendum without Protocol Change.

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

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

Acronyms:

HREC: Human Research Ethics Committee PICF: Participant Information & Consent Form

**IB: Investigator Brochure**