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

Northern Health, 185 Cooper Street, Epping 3076

Telephone: 03 8405 2918 Email: ethics@nh.org.au

**RESEARCH ETHICS & GOVERNANCE FEE – NEW APPLICATIONS**

***Fees are payable in FULL at the time of submitting an application***

|  |  |  |  |
| --- | --- | --- | --- |
| HREC Number/ ERM project ID *(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 (Governance Only)** | **$** | **GST ($)** | **Total ($)** |
|[ ]  Commercially Sponsored Study | 2750 | 275 | 3025 |
|[ ]  Commercially Sponsored Sub-Study | 1110 | 111 | 1221 |
|[ ]  Investigator initiated/Collaborative with commercial involvement | 1110 | 111 | 1221 |
|[ ]  Low/Negligible Risk Project with commercial involvement  | 130 | 13 | 143 |
| **Non-commercially Sponsored** | **$** | **GST ($)** | **Total ($)** |
|[ ]  Investigator initiated – Northern Health (individual no funding) | 0 | 0 | 0 |
|[ ]  Investigator initiated – Northern Health (funding\*) | 100 | 10 | 110 |
|[ ]  Investigator initiated – External institution | 200 | 20 | 220 |
|[ ]  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, NH Small Research Grant, external 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** |

|  |  |
| --- | --- |
| **Instructions**1. Please quote the HREC or Project ID number, cost centre ‘NNH-Y6119’ & ‘Ethics and Governance Fee’ when processing the EFT payment details.
2. Submit a copy of the remittance advice and **this form** together with your application toethics@nh.org.au **.**
3. Email a copy of this form with your remittance advice to:

NHAR.remittance@nh.org.au . | **Northern Health Banking Details**ACCOUNT NAME: Northern Health Operating AccountBANK: National Australia BankBRANCH: 129-135 Elgin St, Carlton VIC 3053SWIFT NO: NATAAU3303M BSB: 083 170ACCOUNT NO: 123 170 261 |

|  |
| --- |
| **Option 4 – Cheque (incl. GST)** |

[ ]  Cheque (made out to “Northern Health”) Cheque No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE STRUCTURE**

A research ethics and 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