

Office for Research **ABN:** 96 237 388 063

P.O Box 5555 Heidelberg 3084

Telephone: 03 9496 4090 Email: [ethics@austin.org.au](mailto:ethics@austin.org.au)

Effective as of October 2019 **Tax Invoice AEC and IBC Ethics Payment Form**

**Upon payment this document becomes a Tax Receipt. Please retain a copy, as no further receipt will be issued.**

|  |  |
| --- | --- |
| Date: | <<insert text>> |
| Project title: | <<insert text>> |
| Principal Investigator: | <<insert text>> |
| AEC/IBC Number: | <<insert text>> |
| Sponsor Name: | <<insert text>> |
| Sponsor ABN: | <<insert text>> |
| Contact Person: | <<insert text>> |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tick most relevant** | | **Study type** | **Amount**  **($)** | **GST ($)** | | **Total inc GST ($)** |
|  | | AEC - Non-Commercially Sponsored Study | 350 | 35 | | 385 |
|  | | AEC - Commercially Sponsored Study | 2000 | 200 | | 2200 |
|  | | AEC - Amendment | 100 | 10 | | 110 |
|  | | IBC - Exempt Dealing | 0 | 0 | | 0 |
|  | | IBC - Non-Commercially Sponsored NLRD | 250 | 25 | | 275 |
|  | | IBC - Non-Commercially Sponsored NLRD as part of AEC approved project | 100 | 10 | | 110 |
|  | | IBC - Commercially Sponsored NLRD | 2000 | 200 | | 2200 |
|  | | IBC - Non-Commercially Sponsored DNIR or DIR | 600 | 60 | | 660 |
|  | | IBC - Commercially Sponsored DNIR or DIR | 5500 | 550 | | 6050 |
|  | \*The Committee may, at its discretion, add a $200 surcharge under the following circumstances to all application categories, including investigator-initiated and collaborative group studies (apart from those associated with safety issues):   * Poorly written or incomplete applications that require extensive review and input by OFR staff | | | | $200 Surcharge  Yes  No | |
| Enter total amount payable | | | | | <<insert text>> | |

Please complete the appropriate Option (1 or 2 or 3). Please tick the appropriate boxes where applicable. Please contact the Research Ethics, Office for Research on (03) 9496 4099 if you have any queries

**Option 1 – For internal projects you must quote a Y3000 or above SPF number (GST not applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Austin Health SPF No: | Name of Dept/SPF | Expense Classification | Charge -see fee schedule |
| <<insert text>> | <<insert text>> | 61905 | $ <<insert text>> |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised by: | | | |
| Print Name | Signature | Date | Contact Phone No. |
| <<insert text>> | <<insert text>> | <<insert text>> | <<insert text>> |

**Option 2 – Payment by Cheque or Credit Card (including GST)**

|  |
| --- |
| <<insert text>> |

Cheque (made out to “Austin Health”) Cheque Number:

|  |
| --- |
| CVV # (3#’s) |
| <<insert text>> |

Credit Card  VISA  MasterCard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card number (16 numbers) |  | Exp date (MM/YY) |  | Name on Card |
| <<insert text>> |  | <<insert text>> |  | <<insert text>> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature | <<insert text>> |  | Amount | $ <<insert text>> |

**Option 3 – Payment by EFT (including GST)**

|  |  |
| --- | --- |
| **Instructions**   1. Please quote the HREC number (and name of Principal Investigator) when processing the EFT payment details 2. Submit a copy of the remittance advice together **with this form** for the EFT to be processed 3. Email a copy of this form with your remittance advice to:   accounts.receivable@austin.org.au | **Austin Health Banking Details**  ACCOUNT NAME: AUSTIN HEALTH  BANK: WESTPAC BANK  BRANCH: 216 UPPER HEIDELBERG ROAD, IVANHOE 3079  SWIFT NO: WPACAU2S  BSB: 033286  ACCOUNT NO: 120120 |

**FEE STRUCTURE EXPLANATION**

**New Projects**

A review fee is required when submitting a new study to the Austin Health Office for Research. The amount payable is dependent on the type of research project being submitted and whether it is commercially sponsored.

**Commercially Sponsored Study:** Funding and/or investigational product provided by a pharmaceutical or device company.

**Non-Commercially Sponsored Study:** Funding obtained from a source other than a pharmaceutical or device company e.g. NHMRC grant, etc.

**Active Projects**

A review fee is also required at submission of an amendment to an approved project. The amount payable is dependent on the type of amendment being submitted.

Amendments requesting a **PROTOCOL** change attract an amendment fee. For example:

* Increase in animal numbers;
* Change in strain/species;
* Change in procedure; and
* Change in dose.

Amendments requesting a **MINOR** change do not attract an amendment fee. For example:

* Addition of staff;
* Removal of staff;
* Time extension; and
* Corrections to grammar and language (e.g. correcting inconsistencies within the protocol).

If you are unsure which fee should be submitted with your submission, please feel free to contact the Office for Research

(e) [**aec.ethics@austin.org.au**](mailto:aec.ethics@austin.org.au) (t) (03) 9496 4099