HUMAN RESEARCH ETHICS COMMITTEE

HEALTH INFORMATION SERVICES
DECLARATION – RESEARCH MEDICAL RECORDS

This document is to be completed and signed off for all studies that are accessing medical records or data for research purposes prior to Human Research Ethics Committee (HREC) submission. Please submit this signed form with your application to HREC.

Please complete this section for all studies:	
Principal Investigator Name	
Contact Person Name	
Contact Number	
Protocol Number	
Title of Project	

Please tick ✓ the type of study below	**HIS Fee**
☐ ***Sponsored: Commercially – Access to Medical Records Required*** All commercially sponsored studies that require access to **paper, electronic or scanned medical records** at any time during the life of the study attract this fee. This is a one-off fee and includes: ➢ Access to the medical record at any time during the life of the study ➢ Maintenance of the medical record for trial patients ➢ Retention of the medical record (paper, electronic & scanned) for the legally required period. **You must also complete the payment methods and details section on Page 2 of this form.** The method of payment is via a transfer of funds from a nominated Austin Health Fund. From 1st July 2026, electronic funds transfer and credit card payments will no longer be accepted. HIS will charge the fee on approval of your study by HREC. The Principal Investigator is responsible for recovering this fee from the sponsor. Remember to include this in your contract as HIS will not waive the fee if it has been omitted from the contract.	**$750** **Plus GST** One-off up-front fee
☐ ***Sponsored: Commercially – No Medical Records Required*** Medical records will never be required during the life of the study. If this changes in the future, the Principal Investigator must advise the Senior Health Information Manager, Projects at HIS and provide Austin Health billing details.	No fee
☐ ***Extension Study*** Studies that are extensions / follow ups / follow-ons / continuations of an existing study. HIS has previously billed for this study. You must provide a copy of the previously signed HIS Declaration form for NO charges to be applied.	No fee
☐ ***Sponsored – Non-Commercial***	No fee
☐ ***Non-Sponsored External Study***	No fee
☐ ***In-house study***	No fee

Signature of Principal Investigator / SPF Signatory:	**Date:**
I am aware that any collection, use, access, and disclosure of patient health information are in accordance with the Austin Health policy and relevant privacy laws. ……	……
Signature of Senior Health Information Manager - Projects / Delegates:	**Date:**
Health Information Services is able to support this study. ……	……

HEALTH INFORMATION SERVICES
Research Payment Form

Upon payment this document becomes a Tax Invoice/Receipt.
Please retain a copy, as no further receipts will be issued.

ABN: 96 237 388 063

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Principal Investigator Name	
Contact Person Name	
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Protocol Number	
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Payment Methods & Details

Payment from Austin Health Fund - All sections mandatory

Austin Health SPF No.:	**Name of Dept / SPF:**	**Expense Classification:**	**Amount ($)**
……	……	……	**$750**
Authorised by: *Must be signed by a person authorised by the Finance Department to transfer funds.			
Signature of SPF Signatory:		**Date:**	
……		……	
Printed Name:		**Title:**	
……		……	

Please contact Health Information Services if you have any queries on 03 9496 5447.