Ethics Payment Form



NSLHD RESEARCH OFFICE METHOD of PAYMENT FORM (MoP)

For Ethics Only

YOUR SUBMISSION IS NOT VALID UNLESS THIS FORM IS COMPLETED

CORRECTLY

Date	
Reference Number (20xx/ETHxxxxx)	
Principal Investigator Name	
Study Title	
Protocol Number	
Funding Type	
Payment Type	
Person Completing Form	
Email	
Telephone Number	

Commercially sponsored	d research project
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Ethics		Cost (ex. GST)
-	HREA Review	\$6250
-	Additional Site	\$1500
-	$Addition \ of \ Sub \ Study \ ({\tt When \ HREC \ deems \ a \ sub-study \ appropriate})$	\$2500
-	Ethics Amendments Minor	\$500
-	Ethics Amendments Major	\$1000

Non-commercial sponsored research project including sponsorship from collaborative groups and Universities

Ethics		Cost (ex. GST)	
-	HREA Review	\$1000	
-	Additional Site	\$150	
-	$\begin{tabular}{lllllllllllllllllllllllllllllllllll$	\$500	
-	Ethics Amendments Minor	\$150	
-	Ethics Amendments Major	\$250	

FOTAL (inc. GST



Document(s) submitted:	Version:	Date:

Payment Details

Request for Tax Invoice	
Complete if payment is to be made by any organisation other than NSLHD	
Name of Organisation/Person to be	

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invoiced	
Total Fee	
Contact Name	
Phone Number	
Email Address	
Purchase Order Number	
Customer Number	
Purchase Order Number	

OR

NSLHD Transfer

Complete if payment will be via a Journal Transfer from a NSLHD cost centre

Internal – Authorisation For Transfer of Payment

Cost Centre	
Total Fee	
Cost Centre Manager Name	
Signature	

NSLHD Finance will NOT accept forms without the Cost Centre managers name and signature