

CHCB REEC: AMENDMENT FEE FORM

**PROJECTS WILL NOT BE ACCEPTED WITHOUT COMPLETED PAYMENT FORM.
PAYMENT IS PER PROJECT**

Date	CHCB REEC No. – <u>Compulsory Field</u> :	Principal Investigator Name:

Application type :

- Research Ethics review**
- Governance review**

Principal Investigator Contact Details

Email Address:

Contact Telephone Number:

**Required so that a copy of the receipt may be emailed for taxation/CME claim purposes*

Ethics/Governance Amendment Fee for:	Total (\$) Excl. GST	Total (\$) Inc. GST
Commercially sponsored projects:		
<input type="checkbox"/> Ethics approval: Protocol Amendments to clinical trials	660	726
<input type="checkbox"/> Governance approval: Protocol amendments to clinical trials	200	220
<input type="checkbox"/> Approval for amendments to investigator brochure	200	220
<input type="checkbox"/> Approval for Administrative changes for sponsored trials – includes updates to patient-facing docs, CTRA amendments, single word changes, update of investigator	200	220
<input type="checkbox"/> Amendments to CHCB internal study, collaborative unsponsored project	Nil	Nil
PLEASE ENTER AMOUNT PAYABLE HERE →		\$

Payment methods:

Complete 1 of the 3 payment options: Credit Card, Cheque, or Internal Transfer

Credit Card

Please note that many card issuers have a maximum transaction limit that may be exceeded by this payment. If so, please indicate whether a split transaction is required using the below box.

Card Type (We only accept cards below)	Credit Card Number:	Expiry Date:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard		
Card Holder's Name:	Card Holder's Signature	
Card Holder's Address (for Receipt Purposes)		
Split payments-Please indicate the maximum transaction amount for this card and if split payment required		

Internal Transfer

- When paying by transfer please pay the amount excluding GST

Principal Investigator:	Cost Centre Number:	Cost Centre Name:
Cost Centre Manager (Print Name):	Cost Centre Manager (Signature):	

Cheque or Invoice

- Please attach the cheque / invoice to this form

Contact Name for Position/Person Responsible for REEC/RGO Fee Payments	Company/Organisation	Full Postal Address	Email & Phone

Finance Service Use Only		
Cost Centre	AC	Tax Code
Receipt Number	Date	
	____/____/____	