

Fees are payable in full at the time of submission. Please fill out the form and select your preferred payment method on page 2.

Date of Submission	IBC Reference Number – <u>Compulsory Field</u>	Principal Investigator
Title of Study:		
Type of Submission		
<input type="checkbox"/> New Application <input type="checkbox"/> Response to Conditions <input type="checkbox"/> Variation <input type="checkbox"/> Other:		

Documents Submitted for Review:

Title of Document	Version number/date	No. of copies provided

Additional comments explaining the nature of the submission (as required):

**Please select the correct fee(s) for your submission**

	Unit Value excluding GST (\$)	GST (\$)	Total including GST (\$)
<b>Institutional Overhead Charges (IOC)</b>			
<b>Animal Studies</b>			
<input type="checkbox"/> Exempt Dealing	100.00	10.00	110.00
<input type="checkbox"/> Risk Group 2 and 3 Non-GMO Biohazard	300.00	30.00	330.00
<input type="checkbox"/> Notifiable Low Risk Dealing	300.00	30.00	330.00
<input type="checkbox"/> Licensed Dealing (DNIR or DIR)	500.00	50.00	550.00
<b>Commercially Sponsored Clinical Trials</b>			
<input type="checkbox"/> Clinical Trial Excluded Dealing	3000.00	300.00	3300.00
<input type="checkbox"/> Licensed Dealing (DNIR or DIR)	5500.00	550.00	6050.00

<b>PLEASE ENTER AMOUNT PAYABLE HERE</b>
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Please select from one of the payment options below.

**For Credit Card payments only**

Card Type (We only accept cards listed below):	Credit Card Number:	Expiry Date:
<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Bankcard <input type="radio"/> AMEX		
Cardholder's Name:	Cardholder's Signature:	
Cardholder's Address/Email Address (for Receipt Purposes):		

**For EFT payments only**

**'300413' MUST** be included in the EFT description/reference. Remittance Advice will also need to be submitted with this form to confirm payment has been made.

Please transfer funds to St Vincent's Hospital Banking Details as below:

**Bank: National Bank of Australia**  
**BSB No. : 082-057 A/C No. : 14-782-8494**

Date of Transaction:	Transaction Details:	<b>EFT Description – Compulsory Field (must be included in reference):</b>
Company:	Company ABN:	Contact Name:
Company Address:		

**For Internal Transfer payments only**

**GST is not applicable for Internal Transfers.**

Department:	Cost Centre:	Email:
Authorised by:	Signature:	

**For Cheque payments only**

Company:	Company ABN:	Contact Name:
Company Address:		

Finance Service Use Only

Cost Centre	Subjective Code	Receipt Number	Date Processed
300413			