

**HUMAN RESEARCH ETHICS COMMITTEE  
HEALTH INFORMATION SERVICES (HIS)**

**DECLARATION - RESEARCH MEDICAL RECORDS**

This document is to be completed and signed off for all studies prior to submission.

**Principal Investigator To Complete This Section:**

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|---|
| <b>PRINCIPAL INVESTIGATOR (name):</b> .....<br>Contact Person .....Phone: .....<br><b>PROTOCOL NUMBER</b> .....<br><b>TITLE OF PROJECT:</b> ..... |
|---|

| Please Tick              | Level of Ethics Fee Payable.   | Medical Record Fee                                |
|--------------------------|--|---|
| <input type="checkbox"/> | <p align="center"><b>Sponsored – Commercially</b></p> <p>Medical records will be required at any time during the life of the study.</p> <p><b><u>Details For Tax Invoice:</u></b></p> <p>Sponsor.....</p> <p>Contact Name For Invoice.....Phone .....</p> <p>Address.....</p> <p>Suburb..... State..... Post Code.....</p> <p align="center"><b>OR</b></p> <p><b><u>Transfer Of Funds:</u></b></p> <p><b>Fund To Be Credited:</b> Health Information services <b>P0205 - 57801</b></p> <p><b>Fund To Be Debited:</b> .....</p> | \$750 plus GST<br><br><i>One-off up front fee</i> |
| <input type="checkbox"/> | <p><b>Sponsored: Commercially</b></p> <p>Medical records will never be required during the life of the study. If this changes in the future, the Principal Investigator must advise the Operations Manager, HIS and provide billing details.</p>   | No fee  |
| <input type="checkbox"/> | <b>Sponsored – Non Commercial</b>  | No fee  |
| <input type="checkbox"/> | <b>Non sponsored external study</b>  | No fee  |
| <input type="checkbox"/> | <b>In-house study</b>  | No fee  |

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| <b>Signature Of Principal Investigator</b> ..... <b>Date:</b> ..... |
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**Health Information Services To Complete This Section:**

I have discussed this study with the Principal Investigator or his/her representative and have seen the application and protocol. I am able/unable to support this study.

|   |            |                   |
|---|------------|-------------------|
| Signature: .....<br><b>Manager, HIS</b> | Date:..... | <b>Operations</b> |
|---|------------|-------------------|