

Research Ethics Fee Schedule

From 1st October 2023, NT HREC fees apply for the following application types, noting that there is no fee for review of NT Department of Health or Menzies School of Health Researcher-led projects, including projects led by community groups and not for profit groups (this applies to items 5, 6, 9.2 and 10).

Item #	Type of application	Fee
1.1	CTN Scheme Application with a Commercial/Pharmaceutical Sponsor	\$4000
1.2	HREC Review on behalf of each additional site that is or may be a part of an NMA application with a Commercial/Pharmaceutical Sponsor	\$660
1.3	HREC Review for the addition of NT as a site as part of an NMA application	\$660
1.4	HREC Review for Lead HREC for an NMA application	\$6000
2	CTX/CTE Scheme Applications	\$4000
3.1	Pharmaceutical sponsor – sub studies or extensions	\$1650
3.2	Pharmaceutical sponsor – registry study	\$1650
4	Clinical Trials supported by, but not instigated by, a Pharmaceutical Company	\$1100
5	Research Projects funded by Grants	\$220
6	PhD Projects	\$220
7	Application for Clinical Trial with sponsorship from collaborative groups	\$330
8	Single-site, investigator-initiated study where the Principal Investigator is neither a student/employee of the Northern Territory Department of Health or Menzies School of Health Research	\$220
9.1	Review of an Amendment (including those requesting an extension of Approval) <i>Amendment for Commercial/Pharmaceutical Sponsored study</i>	\$880
9.2	Review of an Amendment (including those requesting an extension of Approval) <i>Amendment for non-Commercial/Pharmaceutical Sponsored study</i>	\$220
10	Applications submitted for review by the Low and Negligible Risk ethics pathway	\$220

Listed fees are inclusive of GST

Invoicing details:

If applicable, please complete and submit this form with your application

Name of person responsible for invoice:	
Email address of person responsible:	
Name of Principle Investigator:	
Ethics Reference Number:	(HREC XXXX-XXXX)
Organisation Name:	
Organisation Address:	
Organisation Phone number:	
Accounts payable email address:	
ABN:	
Item # to be invoiced*:	
Declaration: (<i>Name of person responsible</i>) am authorised to incur the costs associated with this ethics submission:	Signature:
Institutional approval:	Name: Signature:

*If you are unsure which item applies to your application, please contact ethics@menzies.edu.au