Please use this form to request a Medical Physicist report for research projects, which involve the exposure of humans to ionising radiation. For projects reviewed by the Alfred Hospital Ethics Committee, submit this form with your initial email submission (including the Victorian Medical Physics Risk Assessment (MPRA) Form) to the Office of Ethics and Research Governance. The Office will arrange the Medical Physicist’s report.

|  |  |
| --- | --- |
| **HREC No.:** |  |
| **Project Title:** |  |
| **Payment Details**For an explanation of the fee structure please see *Radiation & laser safety* on the Alfred Health website (<https://www.alfredhealth.org.au/research/ethics-research-governance/essential-elements-for-research-applications/radiation-laser-safety>). |
| **Trial Funding:** | [ ]  Internal, not funded[ ]  NHMRC Funded[ ]  External sponsor (please provide sponsor name):[ ]  Other funding (please specify): |
| **Fee payment must be from an Alfred Health Cost Centre (please complete ICAN on Page 2)**$200 for internal non-funded & internal NHMRC trials, $650 for externally sponsored & other funded trialsFees listed above are GST exclusive.**NOTE: The ICAN form below must be completed or the request will not be processed.** |

|  |
| --- |
| ALFH_RGB***ICAN NO \_ \_*** |
| INTERNAL CHARGE ADVICE NOTEPLEASE COMPLETE ALL SHADED AREAS(Medical Physicist will submit ICAN to Finance) | FINANCE USE ONLY |
|  |
| JOURNAL : | BOTH |  |
|  |
| PERIOD : |  |
|  |
| BATCH/TRANS: |  |
|  |
| JOURNAL NO.: |  |
| **PLEASE CHARGE** **(DEBIT)** | DELETE NOT APPLICABLE |  | **PLEASE REIMBURSE** **(CREDIT)** | DELETE NOT APPLICABLE |  |
| ALF |  | CG |  | PJ |  | ST.G |  | ALF |  |  |  |  |  |  |  |
|  COST CENTRE |  COST CENTRE |
|  DESCRIPTION C C/CENTRE DEFINITIVE |  DESCRIPTION C C/CENTRE DEFINITIVE |
|  |  |  |  |  |  |  | 6 | 0 | 7 | 0 | 3 |  |  | Radiology |  | Y | 1 | 1 | 0 | 8 | 6 | 0 | 7 | 0 | 3 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FINANCE USE ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  | FINANCE USE ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FINANCE USE ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  | FINANCE USE ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL DEBIT |  |  | TOTAL CREDIT |  |  |
|  |  |
| **DESCRIPTION****OF CHARGES** | Medical Physicist’s Report Fee for HREC No.        |  |
| Principal Investigator:       |
| Report Date:  |
| **CERTIFICATION** | **DEPARTMENT(S) CHARGED AUTHORISATION** | **DEPARTMENT(S) REIMBURSED AUTHORISATION** |
| **SIGNATURE :**  |  | **SIGNATURE :** |  |
| **PRINT NAME :**  | **PRINT NAME : Chris Perry** |
| **COST CENTRE :**  | **COST CENTRE :** Y1108 |
| **DATE :**  | **DATE :** |