BMSF Project Registration Form v17-06-25



1. Pi	oject Ti	itle (no more thai	n 20 words)				
2. Pı	roject m	ain aims and hy	ootheses to be teste	d ir	the work at	BMSF	
3. Sı		or Details	1				
	Title:		First name:			Last name:	
	Institu				Department	:: 	
		Phone:			Work Fax:		
	Email	:			Mobile:		
4. A		ipating Research					
	Title First Name		Last Name Em		mail		
5 B	MSFLa	ad Staff member	(first) and other BM	SF	etaff accieting	n	
J. D.	Title	First Name	Last Name	Email			

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6. BMSF Contribution to method development and training (please tick 1 box and add details)

collect data	
B. Project methods exist within literature and examples available to allow setup within the BI	MSF
C. Project methods need to be developed with few or no literature examples to follow.	
Project setup costs, include consideration of sample preparation, training, expected mass sp who will run the samples and data analysis, are to be estimated and source of funding provides the consideration of samples are to be estimated and source of funding provides the consideration of samples are to be estimated and source of funding provides the consideration of sample preparation, training, expected mass specific provides the consideration of sample preparation, training, expected mass specific provides the consideration of sample preparation and training provides the consideration of sample preparation and the consideration and the consideration and the consideration	
If A ticked method development is likely small but provide details on existing methods that a within the BMSF.	re to be us
If B ticked provide example publications to be followed. Also provide details and an estimate required for setup of methods within the BMSF below.	of time
If C ticked, then write a brief account of the scope of the project including the BMSF contribution where funding is limited BMSF may assist and provide support. Please discuss with BMSF and ensure all works are correctly documented and effort/time recorded.	
Project method and protocol details.	
e access fees to be paid from one or more UNSW accounts?	
No (skip to 9)	
Yes (continue to 8)	

8. UNSW Account Information

Fund Code	Dept ID	Project Code	%

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	Name:			
Ema	ail:			
Billing Address:				
ABN	l (if applicable)			
E thics oval	Approval - If sam	iples (riginate from Human or Animal sources, pl	lease provide details of Ethics
	Origin	De	ails of Ethics Approval (Organisation ar	nd approval number)
	Human			
	Animal			
	No approval ne	eded		
Acces	s Fees (\$/hr)			
	UNSW DIY \$35		Details:	
	UNSW FFS \$70			
	Non-UNSW DIY \$	105		
	Non-UNSW FFS \$	210		
	Commercial			
	Other:			
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	val – Applicant/s to SOR USE ONLY	dowi	load the completed form and	to supervisor for approv
			hereby approve this	s project registration form and
	nv agreement to th	ne fol	owing conditions:	
firm m		∖n app	opriate acknowledgment of the involvement of the second sec	
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usage to blving wome put the properties of the p	ork in the BMSF (see ublications co-authors e relevant UNSW pro full citation details) o fter acceptance.	ship by ocedur f any p	: Research Authorship and Publication Dispute	Management Procedure