

# Advancing Health Research Through Collaboration



BIOGRID  
AUSTRALIA

Annual Report  
2015-2016

# BioGrid Facts

**34**

Number of Members at 30 June 2016

representing  
66 institutions

**165**

Journal publications to date

**85**

Approved active audit/research projects during 2015-16

**Thirty-five**



Current Institution Ethics Approvals at 30 June 2016

**1.39 million**

individual patients available through BioGrid



Conferences

**5** Conference presentations during 2015-16

**NATIONAL** = Hobart, Melbourne, Perth


































**INTERNATIONAL** = Madrid, Melbourne

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# Members and Collaborators

BioGrid Australia Ltd is a not for profit company limited by guarantee. Its members are health services, universities and research institutes. At the time of this report, BioGrid's overarching evergreen collaboration agreement has been executed with 34 institutions (representing 66 sites across Australia) covering the management of governance, intellectual property, data access, undertaking projects, commercialisation and publications.

 <p><b>ACT Health</b> Canberra Hospital</p>	 <p><b>Alfred Health</b> The Alfred Caulfield Hospital Sandringham Hospital</p>	 <p><b>Austin Health</b> Austin Hospital Heidelberg Repatriation Hospital</p>	 <p><b>Baker IDI Heart and Diabetes Institute</b></p>	 <p><b>Ballarat Health Services</b> Ballarat Base Hospital Queen Elizabeth Centre</p>	 <p><b>Peter MacCallum Cancer Centre</b></p>	 <p><b>Radiation Oncology Victoria</b></p>	 <p><b>St John of God Health Care</b> Ballarat, Bendigo, Berwick, Bunbury, Burwood, Geelong, Geraldton, Midland, Murdoch, Mt Lawley, Richmond, Subiaco and Warrnambool Hospitals</p>	 <p><b>St Vincent's Hospital, Melbourne</b></p>	 <p><b>St Vincent's Hospital, Sydney*</b></p>
 <p><b>Barwon Health</b> Geelong Hospital</p>	 <p><b>Bendigo Health</b> Bendigo Hospital</p>	 <p><b>Central Adelaide Local Health Network</b> Royal Adelaide Hospital The Queen Elizabeth Hospital</p>	 <p><b>Eastern Health</b> Angliss Hospital Box Hill Hospital Healesville Hospital Maroondah Hospital</p>	 <p><b>Goulburn Valley Health</b> Goulburn Valley Hospital</p>	 <p><b>Sydney Local Health District</b> Royal Prince Alfred Hospital Canterbury Hospital Concord Repatriation General Hospital Sydney Dental Hospital</p>	 <p><b>Tasmanian Government Department of Health and Human Services</b> Royal Hobart Hospital Launceston General Hospital</p>	 <p><b>The Royal Children's Hospital</b></p>	 <p><b>The Royal Women's Hospital</b></p>	 <p><b>The University of New South Wales</b></p>
 <p><b>Hudson Institute of Medical Research</b></p>	 <p><b>Latrobe Regional Hospital</b></p>	 <p><b>Melbourne Health</b> The Royal Melbourne Hospital</p>	 <p><b>Metro North Hospital and Health Service</b> Royal Brisbane and Women's Hospital Prince Charles Hospital</p>	 <p><b>Metro South Hospital and Health Service*</b> Princess Alexandra Hospital</p>	 <p><b>The University of Melbourne</b></p>	 <p><b>The Walter and Eliza Hall Institute of Medical Research</b></p>	 <p><b>Victorian Comprehensive Cancer Centre</b></p>	 <p><b>Western Health</b> Footscray Hospital Sunshine Hospital The Williamstown Hospital</p>	
 <p><b>Monash Health</b> Monash Medical Centre, Clayton Monash Medical Centre, Moorabbin Casey Hospital Dandenong Hospital</p>	 <p><b>Monash University*</b></p>	 <p><b>Murdoch Childrens Research Institute</b></p>	 <p><b>Northern Health</b> The Northern Hospital</p>	 <p><b>Peninsula Health</b> Frankston Hospital Rosebud Hospital</p>					

\* Non-member collaborator



## Chairman's Report

I'm delighted to say that we have commenced our second decade on a very positive note. Not only have we welcomed new members and increased journal publications, we also achieved our stated goal of increasing project specific revenue, placing us on a strong footing for the future.

This year for the first time, BioGrid has turned a surplus without support from the Victorian Government. This significant milestone is due to the dedication of the entire BioGrid team and is the reason BioGrid is now well placed to achieve its goal of financial independence.

The Board's primary focus this year has been on business development. A retained business development focus, targeting organisations with the resources to support project work with the company, has materially improved our financial performance and placed us a step closer to on-going sustainability independent of government. BioGrid doubled its revenue from commercial-led projects, helping us to achieved the forecast surplus.

We signed our second triennial agreement with the Australian Institute of Health and welfare this year. The re-signing is s significant acknowledgment of the value of our collaboration and confidence in the linkage BioGrid delivers. The Board has worked for many years to achieve national recognition and the signing pf this years agreement is the dividend.

During the year we also successfully supported the Victorian Department of Health and Victorian Cancer Agency by providing data linkage and data management services for state funded cancer research projects. Additionally, we provided ongoing training and support for quality specialist staff committed to providing a technology platform that supports medical research through privacy-protected data connection.

BioGrid has continued to grow by welcoming new members: Hudson Institute of Medical Research; Sydney Local Health District; and the Victorian Comprehensive Cancer Centre.

This year we farewelled Professor Fernando Martin-Sanches and welcomed Associate Professor Karin Verspoor. A/Prof Karin Verspoor is the Deputy Head of Operations of the Computing and Information Systems Department at the University of Melbourne and brings extensive health and biomedical computational and informatics experience to the Board. I would also like to acknowledge the commitment and dedication of my fellow Directors, Rob Merriel, Julian Clark, Christopher Arnold and David Polonsky who all worked tirelessly setting and achieving fiscal and strategic goals for BioGrid. Julian and David deserve special thanks for their dedication to the audit and risk committee. I also acknowledge the ongoing contribution and cooperative work of the Member Management Committee and the Scientific Advisory Committees over the past year.

A special thanks to the executive management team; Maureen Turner (Chief Executive Officer), A/Prof Peter Gibbs (Head, Clinical Research), Leon Heffer (Head, Data Services) and Naomi Rafael (Head, Technology and Systems), for their dedication and commitment to the ongoing operation and development of BioGrid. Maureen's work successfully engaging with industry needs to be specifically acknowledged, including her role in increasing revenue from commercial-led projects.



## Chief Executive Officer's Report

BioGrid continues to offer researchers a unique real-time data integration and ethical approval platform and does so with a decade's experience. Importantly, over our eleven-year history we have built trust with all our stakeholders and have earned the confidence of researchers and health consumers alike.

During this year we have consolidated our role in cancer registry-based research, and increased our reach to more institutions and strengthened our relationships with industry.

I am particularly proud of the work we have done to provide researchers with access to data about the forgotten patients. The patients who, for no fault of their own, are excluded from prospective trials. During this year industry has funded three registries that will provide researches with retrospective access to truly representative cohort of patients with cancer. The Electronic Castrate Resistant Prostate Cancer Australian Database (ePAD) is used to determine the patterns of care for patients and evaluate the impact of age, cardiovascular co-morbidity and performance status on treatment recommendations. It will map survival outcomes and investigate the role of secondary hormone therapy in changing tumour biology. The Treatment of Breast Cancer in the HER2 Positive Australian Patient (TABITHA) registry will provide data to inform treatment of patients with this cancer. Funding has also been extended for Treatment of Recurrent and Advanced Colorectal Cancer.

Our dedicated consumers have been hard at work providing vital direction for the further development of CART-WHEEL, our patient-led rare tumour on-line database. This year data validation was successfully undertaken and we added the first disease specific questions. Local patient support group, WMozzies, along with its affiliate the International Waldenström's Macroglobulinemia Foundation, led the development of the disease specific questionnaire. This is the perfect example of how empowered consumers in collaboration with health and research experts improve treatments for the patients of the future. I acknowledge the dedication of Dr Clare Scott on the CART-WHEEL project, and thank the consumer advocates and participants that make the project possible.

Personalised medicine shows enormous potential to provided targeted therapies to improve patient outcomes and it needs extremely robust data sets to ensure the right treatment is developed for each patient. BioGrid is joining with Melbourne Genomics, and the Australian Genomics Health Alliance, to demonstrate the feasibility of data linkage and to chart the next steps for appropriate and seamless access to digital information housed in geographically dispersed locations. BioGrid is also partnering with the national organisation, the Australian Genomics Health Alliance, and has made a vital contribution to its programs.

This year our team was delighted to welcome Fiona Croaker and Tony Phan, health information students from La Trobe University. They each worked on a separate project and made a worthwhile contribution to BioGrid. We thank them for their contributions and wish them stellar careers in health informatics.

I acknowledge the BioGrid Member Management Committee for their ongoing support and contribution to BioGrid and also the Scientific Advisory Committees for their support. Our members play a very important role in promoting the value and usage of the collaborative data-sharing platform. The achievements over the past year, as outlined in this report, would not have been possible without the commitment from every member of the BioGrid team; thank you for your dedication to the organisation and its objectives.

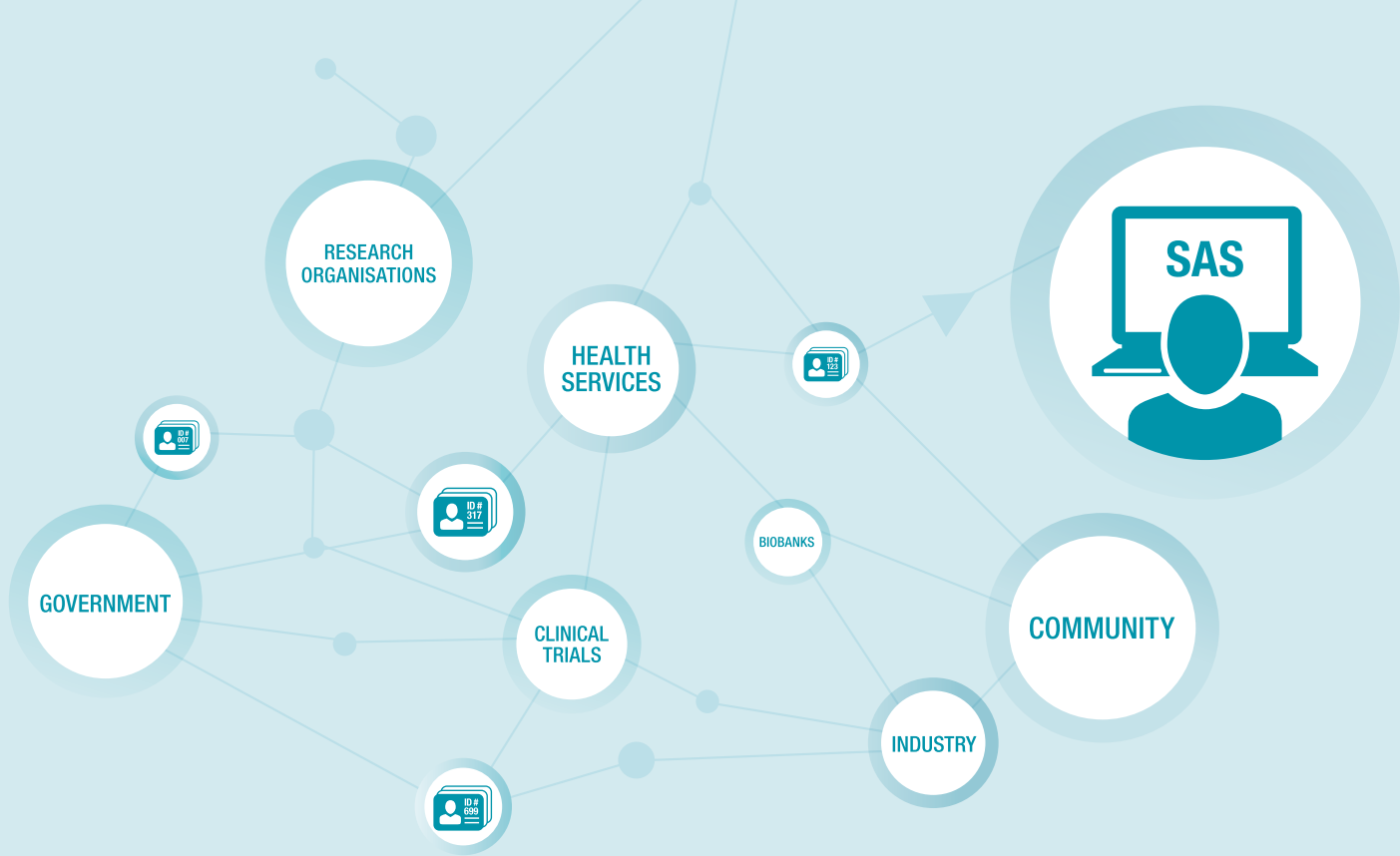
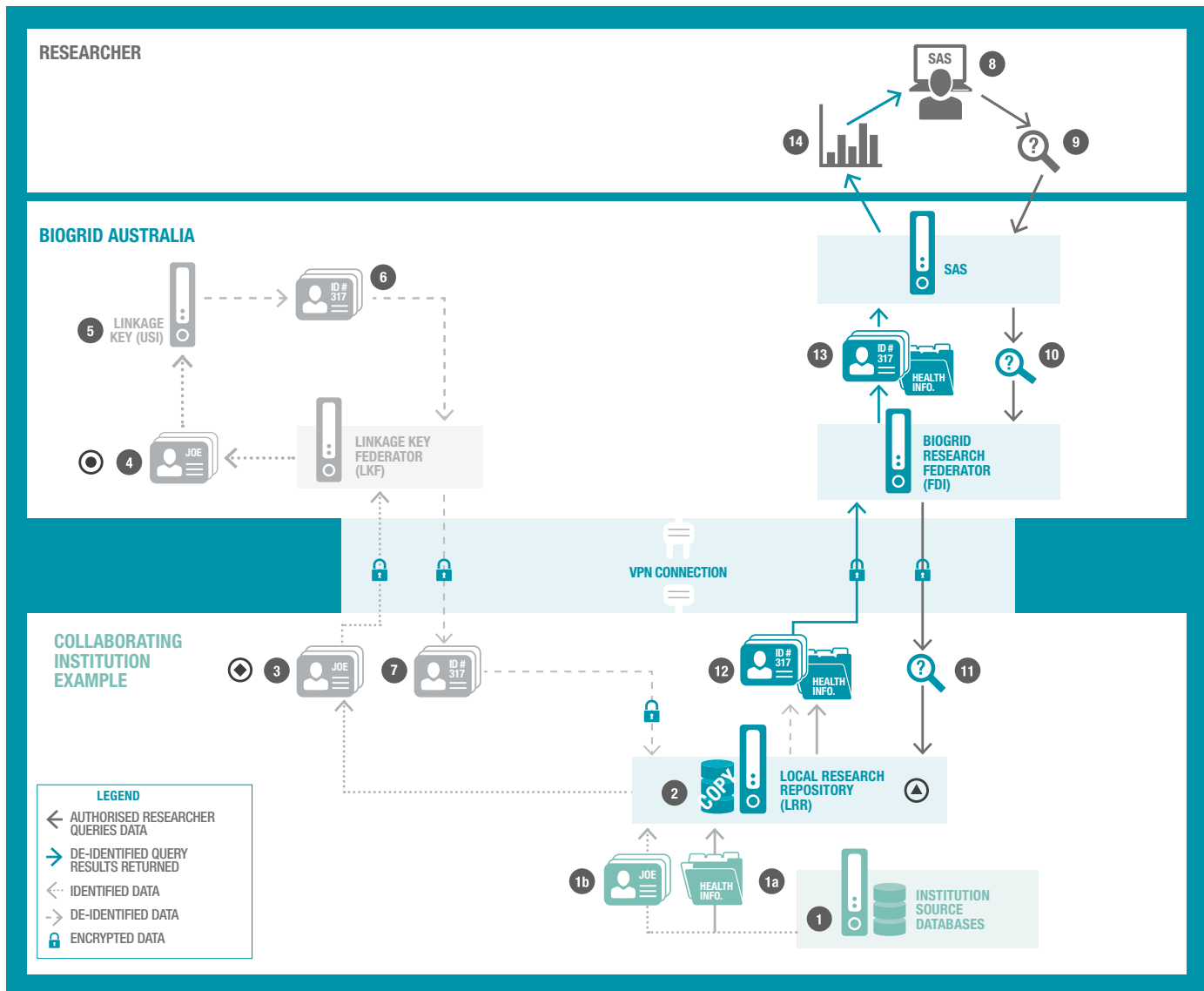


# About BioGrid

Data governance, security and ethics are at the core of BioGrid's federated data sharing platform that securely links patient level clinical, biospecimen, genetic and imaging data sets across multiple sites and diseases for the purpose of medical research. BioGrid specialises in making relevant data, most of which reside within the hospital environment, available to authorised researchers to dynamically extract and analyse data from multiple sources whilst protecting patient privacy.

In the health sector, BioGrid is a trusted independent virtual real-time federated clinical data repository. Investment in BioGrid has facilitated a combination of technology, collaboration and ethics approval processes for data sharing that exist nowhere else in the world.

For more information on how BioGrid works, what data is linked to BioGrid and how to access data, go to [www.biogrid.org.au](http://www.biogrid.org.au)



1. Patient information is recorded in one or more data sources (i.e. databases, spreadsheets), which are stored on a collaborating institution's computer network. This information comprises clinical health information data and identifiers.
  - 1a. Clinical health information data are the collection of facts and opinions about an individual's health and wellbeing. Treatment details are an example of clinical health information data.
  - 1b. Identifiers are the data items, which identify the individual who is described within a patient record. A patient's name is an example of an identifier.
  2. The patient information is copied into replica data sources, which are stored on the collaborating institution's Local Research Repository (LRR), on a nightly basis or frequency agreed by the collaborating institution.
  3. A limited set of identifiers from each new patient record are sent from the replica data sources to BioGrid Australia's Linkage Key Federator (LKF) via a secure encrypted Virtual Private Network (VPN) connection.
  4. The Linkage Key Federator (LKF) forwards the identifiers to BioGrid Australia's Linkage Key server. This server hosts the Unique Subject Identifier (USI) database.
  5. The identifiers are compared with the USI database's records to establish whether data about the patient already exists within a BioGrid-linked data source.  
If a match is found for a patient's data, the patient has previously been allocated a USI. If no match is found for a patient's data, the patient's set of identifiers and a new USI are written to the USI database.
  6. The USIs for the matching and non-matching patients are sent back to the LKF.
  7. The USIs are sent back to the LRR via a secure encrypted VPN connection and stored with their associated clinical health information data.
  8. Once authorised access via the BioGrid Australia Data Access Application System has been provided to the researcher, they can commence querying the de-identified data they have approval to access.
  9. The researcher submits a data query to BioGrid Australia's statistical analysis (SAS) computer via the Internet.
  10. The SAS computer forwards the query to the FDI.
  11. The FDI requests the specified data from each of the relevant LRRs via a secure encrypted VPN connection.
  12. The clinical health information data and USIs from applicable patient records are sent to the FDI via a secure encrypted VPN connection. These data are combined into a temporary table. The table is removed from the FDI upon completion of the query.
  13. The SAS computer reads and processes data from the temporary table.
  14. The SAS computer presents the results of the query to the researcher.
- BioGrid provides alternative matching methodology referred to as exact matching using a cryptographic hashing function when individual identifiers cannot be brought together in one place for comparison.
- ⚙️ Highly secure hash generating software is installed at collaborating institution. The hashing algorithm is run at collaborating institution's site on the replica data sources. A unique hash value is created for each set of identifying patient data. No identifying information ever leaves the source site.
  - 🔑 Unique hash value from each new patient record is sent from the replica data source to BioGrid Australia's Linkage Key Federator (LKF) via a secure encrypted Virtual Private Network (VPN) connection. No identifying information ever leaves the source site.
  - 🔍 The LKF synchronises its matches with the BioGrid Australia's Linkage Key server. This server hosts the Unique Subject Identifier (USI) database.

# BioGrid brings real world patients into cancer registry research

Typically, there are a range of patients excluded from clinical trials, even in cancer research. For example, elderly patients and those with significant comorbidities are often not eligible to participate so there is little data about these types of patients to inform their care or to understand their outcomes. As they make up a substantial proportion of patients seen in routine practice, BioGrid has engaged with industry to develop cancer registries that can be analysed by clinician researchers to provide information to help clinicians provide better care.

This year industry has funded three important registries:

- The Electronic Castrate Resistant Prostate Cancer Australian Database (ePAD), funded by Astellas, AstraZeneca and Janssen for an initial period of three years (principal investigator Dr Ben Tran)
- The Treatment of Breast Cancer in the HER2 Positive Australian Patient (TABITHA) funded by Roche, for an initial period of five years (principal investigator Dr Richard de Boer)
- The Treatment of Recurrent and Advanced Colorectal Cancer (TRACC) re-funded by Roche until the end of 2018 (principal investigator Associate Professor Peter Gibbs).

Each registry represents a prospective study to evaluate the presentation, treatments and outcomes of patients who are living with one of the three cancer types. They will track uptake of new treatments, adverse events and the impact of treatments on patient outcomes. All of these registries will provide data about the patients that current research trials have excluded.

BioGrid will link and analyse the data that are input by treating clinicians from anywhere in Australia. For the first time, clinicians in Hong Kong can also input data to TRACC.

BioGrid will not make individual clinician or hospital data publically available and only non-identifiable combined data will be provided to industry partners. In a move that will drive improvements in individual performance, participating clinicians can access their own data (individual or hospital), and can compare their practice with the combined data. This is qualitative research at its best – doctors can use data about their patients and those of other doctors to improve care in real time.

## ePAD

Castrate-Resistant Prostate Cancer (CRPC) occurs when the cancer has spread to parts of the body other than the prostate, and it is able to grow and spread even though the standard therapies that lower the amount of male sex hormones are being used to manage the cancer.

As there are now several different treatment options available for this type of prostate cancer, it is important to weigh the possible benefits with the risks and costs when deciding treatment. In addition to treatment for the cancer, relieving symptoms and side effects is an important part of cancer care and treatment. That is why the information gathered via ePAD is so important in enabling doctors to make the best decisions for patients.

ePAD is used to determine the patterns of care for CRPC patients and evaluate the impact of age, cardiovascular co-morbidity and performance status on treatment recommendations. It will map survival outcomes and investigate the role of secondary hormone therapy in changing tumour biology. ePAD aims to enrol 500 patients over three years.

BioGrid's data analysis capacity will allow for the generation of data that can subsequently be used in publications so treating practitioners all over the world will be able to access information to improve the care they provide.

Medical oncologist Dr Ben Tran, who works at both the Peter MacCallum Cancer Centre and Walter and Eliza Hall Institute, says that "BioGrid has helped with management, contracts with industry (specifically by bringing together four partners with different needs), database development and roll out to sites."

During this year, ePAD, with BioGrid's support, has gained ethics approval, developed and installed a database and recruited over 100 patients.

## TABITHA and TRACC

Both of these registries have similar objectives but they serve different cancer patient groups. Both registries prospectively collect a range of data including presenting features, such as comorbidities, treatments and adverse events. These data, in de-identified form, can be queried using BioGrid to answer research questions. They are also available to individual practitioners to compare their outcomes with those of other centres.

## TABITHA

Any Australian oncologist treating patients with HER2 positive metastatic breast cancer (mBC) can participate in TABITHA. The aim is to enrol 300 patients over a three-year period with two-years of follow up.

The HER2 receptor is part of the human epidermal growth factor receptor family. Overexpression of this receptor is present in approximately 15-20% of breast cancers, and plays an important role in the development and spread of an aggressive subtype of breast cancer. These cancers are called HER2 positive cancers.

A newly diagnosed patient with early stage HER2 positive breast cancer has a high chance of cure, but a newly diagnosed patient with metastatic HER2 positive breast cancer is considered incurable. Recent trial results provide hope that combination treatments will significantly improve median survival rates.

The aim of the TABITHA project is to collect real world data on the management of Australian women with HER2 positive metastatic breast cancer in the 1st and 2nd line treatment setting.

"BioGrid's contribution has been fundamental to the ongoing success of this initiative. Development of the database, enabling electronic entry by remote sites and collating the data have been just some of the critical steps achieved by the team at BioGrid," said Dr Richard de Boer, Consultant Medical Oncologist, Victorian Comprehensive Cancer Centre.

## TRACC

TRACC collects data about patients with metastatic colorectal cancer (mCRC). Since 2009, TRACC has collected data from around 2,500 Australian patients and in this phase, it aims to enrol a further 1,700 patients. The exciting development this year has been the addition of Prince of Wales Hospital in Hong Kong to TRACC. Since April 2016, treating doctors from Hong Kong have been entering patients' data.

Professor Bridgette Ma of the Prince of Wales Hospital said "As a clinician, I am interested in comparing treatment outcome of mCRC patients across different populations and health systems. BioGrid helps to make the TRACC project more user-friendly for busy oncologists. It also helps to smooth out the logistics for setting TRACC up outside Australia, for example by providing support in contract negotiation." By the end of financial year, she had enrolled around 40 patients.

Meanwhile, work across Australia continues so the TRACC registry continues to grow.

Dr Matthew Burge, medical oncologist at the Royal Brisbane and Women's Hospital and senior lecturer at University of Queensland said "BioGrid has enabled us to create a large-cross hospital, international mCRC database. The number of patients in the database gives us statistical power to examine standard patterns of care and patient outcome."

"This year I have used TRACC to ask specific questions regarding the optimal sequencing of biological therapies and whether molecular subtypes of cancers influence recurrence rates after resection.

"Without BioGrid, these data could not be collated and analysed. The size of TRACC allows us to consider questions that could not be explored with patient data from one or two. BioGrid gives access to sufficient patient data to give reliable answers."

# CART-WHEEL keeps rolling

Since our consumers drove the development of CART-WHEEL (the Centre for Analysis of Rare Tumours) in 2008, it has gone from strength to strength. As awareness continues to grow, more consumers have entered their data and an audit has validated the strength of that information. We have delivered our first disease-specific questionnaire and utilised an existing platform to develop a clinician database.

This year an expert committee led by Associate Professor Clare Scott, principal investigator of CART-WHEEL, oversaw an audit analysis of patient-entered data. Of 220 consented patients, the committee set about validating 10 per cent of the sample. As part of the validation process, the committee wrote to 19 treating doctors. Patients gave consent for their doctors to be contacted. Of the 19 letters sent 17 doctors responded. Patients also gave consent for their histological reports to be linked to their data. This audit gave us a new way of looking at the data and increased confidence in its reliability. A manuscript is being prepared in order to share our learning with the research community.

It has long been recognised that each rare tumour has different characteristics but until now consumers have answered only generic questions, regardless of tumour type. Patients are driving the development of questionnaires specific to specific tumour types.

Patient support group, WMozzies, along with its affiliate the International Waldenström's Macroglobulinemia Foundation (IWMF), is a patient-founded and patient-led, non-profit organisation that is dedicated to supporting everyone affected by Waldenström's Macroglobulinemia (WM) and advancing the search for a cure.

Thanks to Andrew Warden, Australia's WMozzies leader, there is now a set of questions specific to WM. The study is called WhiMSICAL and it is an ethically approved study database within CART-WHEEL. The project is a partnership between WM patients in WMozzies and the IWMF, along with experienced clinician researchers. In its first three months, 50 patients entered their data. Andrew said "The WhiMSICAL study is important as it empowers WM patients to drive research into their rare disease. The study is an innovative form of medical observational research initiated in Australia. WM patients are taking the role of co-investigator and participant."

"The aim is to develop a continuously expanding global WM dataset. As a WhiMSICAL co-investigator, I have been involved in study design, protocol amendments and recruitment. The study collects patient-derived (de-identified) medical data, medical history, disease-related symptoms, pathology results and treatments."

"This is to inform the medical community and patients of the diverse manifestations and outcomes of WM, the variety of treatments used globally and their efficacy, as well as the local and global disparities."

"BioGrid is of vital importance to the success of the WhiMSICAL study."

Early in 2016 Associate Professor Judith Trotman and Dr Ibrahim Tohidi-Esfahani in conjunction with BioGrid, obtained funding support from Janssen Pharmaceuticals Inc. to amend the CART-WHEEL questionnaire, adding WM-specific questions. The updated questionnaire went live in June 2016 when patients commenced entering data, analysis of which was used to prepare an international conference abstract.

As the data collection grows, there will be a dramatic increase in the detailed data about WM that is available for analysis. Additionally, the research community will be able to capture information about off-label uses of pharmaceuticals and this information in turn will be used to support applications for reimbursements (or subsidies from the PBS). Consumer advocates, Rare Cancers Australia, have already used the information to successfully lobby the Commonwealth to put funding of rare cancer patients' treatments on the national agenda.

BioGrid will continue to explore opportunities to obtain funding to develop sets of questions specific to more rare tumours.

In response to requests from clinicians who are keen to interact with their patients' data, BioGrid was inspired to seek an ethically approved solution. With the extra challenge of retaining patient control of their information, BioGrid sought and gained a grant from the Victorian Cancer Agency (VCA). Now that the project is complete, clinicians enter data beside information input by patients. Patient data retains its integrity and patients are able to view both the data they have entered and information that has been augmented by their doctors.

BioGrid and the Walter and Eliza Hall Institute of Medical Research, a BioGrid member group, (with funding from the Stafford Fox Medical Research Foundation) are collaborating to create a new rare cancer database for clinician-entered data. The database will underpin the Clinical Oncology Society of Australia (COSA) rare cancer group and will be made available for international use.

Mr Jonathan Granek, an expert consumer advising WEHI and CART-WHEEL, has been closely involved in the project and he said "Currently there are significant gaps in the care of rare cancers. Research is the key to bridging these gaps and instigating changes. CART-WHEEL serves as a powerful tool for both emerging or maturing rare cancer groups, in particular, establishing and enhancing research infrastructure and platforms that enable research."

"The strength of CART-WHEEL lies in its design, from inception, to specifically address both consumer and researcher needs. It's continuously adapting to offer enhanced accessibility, user friendliness, reliability, data integration and overall utility, while maintaining the highest scientific and ethical standards."

The new database will allow doctors to make detailed clinical annotations, using an internationally accessible open source platform called REDCap, about individual patients, adding meaning and context to the care provided. In the past, this information has been on paper only so this innovation will lead to the availability of more meaningful linked data, which in turn will be used to improve patients' experience of treatment. As the project progresses, it will be possible to add additional detail such as phenotype and to link to bio banks.



# Genomics – when medicine gets personal

Genomic technologies promise the ability to target medical care to an individual's own genetic make-up. This is sometimes called 'personalised medicine'. The use of genomics should improve the efficiency of healthcare systems through rapid diagnosis, early intervention, and potentially prevention of illness. However, there is a dearth of research evidence on the efficacious use personal genomic in data clinical decision-making.

That's where the Melbourne Genomics, and Australian Genomics Health Alliance come into play. Melbourne Genomics has developed and tested a world-leading model for providing genomic sequencing to patients within the healthcare system, while developing evidence for sequencing's clinical utility, building knowledge among the clinical workforce and testing prototype systems and processes for managing genomic data.

During this demonstration project, BioGrid partnered with Melbourne Genomics to demonstrate the feasibility of data linkage, in order to provide a potential pathway for researchers to seamlessly access digital information housed across multiple organisations. Associate Professor Clara Gaff, Executive Director, Melbourne Genomics said, "BioGrid's involvement was important in demonstrating the feasibility of linking genomic data in real-time with clinical data, and how this might maximise the research use of genomic data until such time as electronic medical records are widely in use in Australia."

Melbourne Genomics' model for implementing genomic medicine has now been adopted nationally by the Australian Genomics Health Alliance (AGHA), and in Queensland by the Queensland Genomics Health Alliance. The model is also under consideration for adoption in Canada and New Zealand.

As a federally funded research program of the NHMRC, the research of the AGHA focuses on the infrastructure of the health system, building evidence to guide the incorporation of genomics into clinical care. AGHA is partnering with the federal and state departments of health and community representatives to develop a federated approach to the implementation of genomics on a national scale, and to deliver a whole of health system change, inclusive of clinical and pathology services, health informatics and data infrastructure, education and workforce training.

BioGrid is a national partner to the AGHA and has been a key contributor to AGHA's work on data federation and analysis in Program Two. BioGrid's unique capacity and model of data linkage will help inform the evolution of the data sharing strategy piloted by AGHA, and influence the development of Australian Government policy and infrastructure.

At a national level, Program Two is focused on development of standards and practices to exchange, share and unify genomic data across the country. Data sharing and eventual aggregation of clinical genomic information is a central focus, to allow higher-order use of data for research and improved healthcare outcomes.

Mapping of best practice for data storage, use, linking and sharing across Australia and internationally has commenced, and continues to evolve.

During the first half of 2016, BioGrid's CEO Maureen Turner shared her expertise with the AGHA by participating in the Program Two Working Group. The Working Group aims to solve problems associated with collecting, aggregating and allowing analysis of genome sequence data on a large scale. Through BioGrid, the AGHA has commissioned a formal consultation with Health Legal into the sharing of genomic data across Australia.

Dr Dan Andrews, Program Two manager for the AGHA, said "Australian Genomics Program Two seeks to develop a framework that will allow aggregation of clinical genomic data nationally. The expertise that BioGrid has for ethical sharing of clinical data around the country is highly relevant and greatly valued by Australian Genomics for achieving this ambition."

# Health Information Management students learn and contribute

During winter 2015, BioGrid hosted two Masters students from La Trobe University, Fiona Croaker and Thanh (Tony) Pham. While BioGrid has hosted students before, this was the first time an international student returning home had taken a placement.

The placement provides students with the opportunity to develop knowledge and skills in health information management in a real-world setting. It is an opportunity to work toward objectives that will both enhance learning and make a contribution to BioGrid's work plan. Mr Pham and Ms Croaker shared the same objectives, but their supervisor, Dr Leon Heffer, planned different activities to assist them in meeting the learning objectives.

Both students learned about BioGrid, including the BioGrid data linkage process, the ethics and data governance model, process for managing researchers' data access and processes for linking new hospital datasets. Both also benefited from hands on experience using SAS Enterprise Guide.

Ms Croaker participated in user testing and bug fixing of a newly-developed breast cancer database. She worked with technical and data team members to complete assigned tasks. Using SAS Enterprise Guide and Visual Analytics, she also reviewed data and explored methods to display high-level summary data for databases connected to BioGrid.

Dr Heffer said that "Ms Croaker's participation as a member of the internal software development testing team was extremely valuable and helped ensure the client was provided with a high-quality product." Her work on her data visualisation project stimulated discussions about how BioGrid can help users to better understand the available data.

Ms Coaker stated that BioGrid had given her a "fabulous perspective on the ways that health data is used outside the hospital environment." She added that Dr Heffer had given her the "leeway to work on my own and develop strategies to complete the projects myself within a supportive environment."



Mr Pham, our international student from Vietnam, participated in testing and validation of the diabetes database following a scheduled software upgrade. He also developed test datasets to support application testing and developed an understanding of differences in data management processes for research and clinical medicine purposes.

Dr Heffer said that Mr Pham "demonstrated the ability to process a volume of new information and engage with members of the BioGrid team to obtain additional information and clarifications as required." Mr Pham reported his placement as "an eye-opening experience. I have learned much more than I imagined and it has boosted my confidence in both my skills and abilities... I would recommend BioGrid Australia to HIM students." He added that he would happily welcome any BioGrid personnel to visit in Vietnam.



# Directors' Report

The directors present their report on BioGrid Australia Limited for the financial year ended 30 June 2016.



**Professor Bryan Williams**  
PhD, Hon FRSNZ

**Director and Chairman since March 2009**

Institute Director and CEO, Hudson Institute of Medical Research, (2014–present)  
Director Pacific Edge PTE (Singapore) (2016–present)  
Director, Pacific Edge Ltd (New Zealand) (2013–present)  
Director, Pacific Edge Pty Ltd (Australia) (2008 –present)  
Director, Cancer Trials Australia Pty Ltd (2009–2014)  
Director, Monash Institute of Medical Research (2006–2013)  
Director and Chairman, MEI Pharma Inc. (2006–2013)  
Member of the Victorian Cancer Agency Consultative Council (2009–2012)  
Director, Centre for Cancer Research, Monash Institute of Medical Research (2006–2012)  
Professor, Department of Genetics, Case Western Reserve University, Cleveland, USA (1993–2005)  
Chairman, Department of Cancer Biology, Lerner Research Institute, The Cleveland Clinic Foundation in Cleveland, USA (1991–2005)



**Dr Julian Clark**  
BSc (Hon), PhD, MAICD, FTSE

**Director since March 2009**

Head of Business Development, The Walter and Eliza Hall Institute of Medical Research (2003–present)  
Director, Australian Genome Research Facility (2015–present)  
Director, Catalyst Therapeutics Pty Ltd (2012–present)  
Director, Cancer Trials Australia Pty Ltd (2009–present)  
Director, BACE Therapeutics Pty Ltd (2009–2016)  
Chairman & Member, Sansom Institute Advisory Committee, University of South Australia (2006–present)  
Director, Julian Clark Consulting Pty Ltd (1999–present)  
Chief Executive Officer, Cancer Therapeutics CRC Pty Ltd (2007–2009)  
Director, Alchemia Limited (2006–2008)  
Director, Genera Biosystems Pty Ltd (2004–2007)  
Director, Meditech Research Limited (2004–2006)



**Professor Fernando Martin-Sanchez**  
BSc, MSc, PhD Informatics, PhD Medicine, FACHI

**Director April 2013–September 2015**

Chair, Health Informatics, Melbourne Medical School, The University of Melbourne and Head, Institute of Broadband Enabled Society and Biomedical Informatics Research Laboratory (2011–2015)  
Director, BioGrid Australia Ltd (2013–2015)  
Director, Health and Biomedical Informatics Centre, The University of Melbourne (2013–2015)  
Associate Director, Institute of Broadband Enabled Society (2013–2014)  
Director, Health Informatics Society of Australia (2011–2013)  
Founding Director, Medical Bioinformatics Research Unit (1998–2011)  
Director, Spanish Health Informatics Society (1995–2011)  
Chief Information Officer, National Institute of Health Carlos III, Spain (1993–1998)  
Vice-President, International Medical Informatics Association (2007–2013)



**Mr Christopher Arnold**  
B Comm, MBA, FCPA, FAIM, MAICD, AFACHSM

**Director since March 2014**

Executive Director, Skin & Cancer Foundation Inc. (2010–present)  
Chairman, Human Variome Project International Ltd (2014–present)  
Director, Human Variome Project International Ltd (2008–present)  
Director, Christ Church Grammar Foundation (2012–present)  
Director, Skin & Cancer Foundation Inc (2009–present)  
Chairman, Telediagnostics Pty Ltd (2010–present)



**Mr David Polonsky**  
B Bus, CA, TIA, MAICD

**Director since January 2015**

Director, Moore Stephens (Vic) Pty Ltd (formerly Nexia Melbourne Pty Ltd) (2011–present)  
Director, DRP Consulting Pty Ltd (1990–present)  
Director, Private Ancillary Funds



**Associate Professor Karin Verspoor**  
BA, MSc, PhD, GCUT

**Director since August 2016**

Deputy Head of Department (Operations), Department of Computing and Information Systems, University of Melbourne (2015–present)  
Fellow, Centre for Business Analytics, Melbourne Business School (2015–present)  
Deputy Director, Health and Biomedical Informatics Centre, University of Melbourne (2014–present)  
President, Australasian Language Technology Association (ALTA) (2013–2014)  
Scientific Director, Health and Life Sciences, National ICT Australia (NICTA) (2012–2014)

# Directors' Report

## Principal activities

The principal activities of the Company are data sharing that advances health research by linking privacy-protected and ethically approved clinical, imaging, biospecimen and genetic data among a wide network of health collaborators.

During the year there was no significant change in the nature of those activities.

## Company's objectives

The company's objectives are to:

- Facilitate internationally competitive medical research into the causes of ill health and disease;
- Provide an ethically approved privacy-protected service to connect data sources;
- Invest in technology development to ensure ongoing alignment with leading technology that supports privacy-protected data connection; and
- Be sustainable in order to fulfill the company's vision and mission and to service the needs of its' members.

To achieve these objectives, the company:

- Supported the Victorian Department of Health and Victorian Cancer Agency by providing data linkage and data management services for state funded cancer research projects;
- Worked with key stakeholders in the health sector to facilitate major research projects in Victoria and Australia;
- Provided ongoing training and support for quality specialist staff committed to providing a technology platform that supports medical research through privacy-protected data connection; and
- Retained a business development focus targeting organisations with the resources to support project work with the company.

## Key performance measures

The company measures its own performance through the use of both quantitative and qualitative benchmarks. The benchmarks are used by the directors to assess whether the company's short-term and long-term objectives are being achieved.

	2016		2015	
	Actual	Benchmark	Actual	Benchmark
Total Number of Members	31*	34	30	33
Current Institution Ethics Approvals	35**	38	35	36
Approved Active Research Projects	85	99	88	106
Journal Publications to Date	165	159	138	124
% Income from Membership Subscriptions	19%	21%	18%	19%

\*Although during 2015-16 there were two new members admitted into the BioGrid Collaboration, one member was no longer part of the BioGrid Collaboration due to its withdrawal from operating in Australia.

\*\*At 30 June 2016 two sites were in the process of ethical re-approval, otherwise the total institution ethics approvals would have been 37.

## Members guarantee

The entity is incorporated under the Corporations Act 2001 and is a company limited by guarantee. As such, no shares are issued or held by directors. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2016 the number of members was 31.

## Meetings of directors

The following outlines meetings held and attended by each of the Directors in 2015–2016:

Director	Board of Directors		Audit & Risk Committee	
	Held	Attended	Held	Attended
Bryan Williams	6	6	-	-
Julian Clark	6	5	6	5
Fernando Martin-Sanchez	1	1	-	-
Chris Arnold	6	5	-	-
David Polonsky	6	6	6	6
Karin Verspoor	-	-	-	-

## Indemnification of officers and auditors

During the year the Company paid a premium in respect of a contract insuring the directors of the Company, the Company secretary and all executive officers of the Company and of any related body corporate against a liability incurred as such a director, secretary or executive officer to the extent permitted by the Corporations Act 2001. The Company has not otherwise, during or since the year, indemnified or agreed to indemnify an officer or auditor of the Company or of any related body corporate against a liability incurred as such an officer or auditor.

## Directors' remuneration

The directors did not receive remuneration from the Company with the exception of reimbursement of expenses relating to their director role.

## Auditor's independence declaration

The auditor's independence declaration in accordance with Division 60.40 of the Australian Charities and Not-for-profits Commission Act 2012, for the year ended 30 June 2016 has been received and can be found on page 5 of the financial report.

Signed in accordance with a resolution, and on behalf of the Board of Directors:



Bryan Williams, Director  
Melbourne, 28 October 2016

**BioGrid Australia Limited**  
**31 136 185 647**

## Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015 there have been:

- no contraventions of the auditor independence requirements as set out in Section 60.40 of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

*Saward Dawson*

**Saward Dawson**

*Jeffrey Tulk*

**Jeffrey Tulk**  
Partner

Blackburn, Victoria 3130  
28 October 2016

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**PRINCIPALS:** Bruce Saward FCA Peter Shields FCA Tim Flowers CA  
Joshua Morse CA Jeff Tulk CA  
**Directors:** Cathy Braun CA Jeff Davey FCA  
Marie Ickeringill SSA Matthew Stokes CA  
Murray Nicholls CPA Vicki Adams FCA

Liability limited by a scheme approved under Professional Standards Legislation



# Financial Report

## Statement of Income and Expenditure and Other Comprehensive Income For the Year Ended 30 June 2016

	Note	2016 \$	2015 \$
Revenue	2	1,572,812	1,185,873
Consultant expenses		(1,135,681)	(1,075,589)
License fees		(103,055)	(181,272)
Administrative expenses		(62,900)	(85,295)
Professional fees		(36,960)	(37,839)
Depreciation		(8,435)	(11,050)
Bank charges		(1,080)	(1,286)
Other expenses		(3,330)	(5,567)
<b>Surplus/(Deficit) from ordinary activities</b>		<b>221,371</b>	<b>(212,025)</b>
<b>Other comprehensive income</b>			
Items that will not be reclassified subsequently to profit or loss		—	—
Items that will be reclassified subsequently to profit or loss when specific conditions are met		—	—
<b>Total other comprehensive income for the year</b>		<b>—</b>	<b>—</b>
<b>Total comprehensive income for the year</b>		<b>221,371</b>	<b>(212,025)</b>

## Statement of Financial Position

As at 30 June 2016

	Note	2016 \$	2015 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	318,912	11,020
Trade and other receivables	4	354,401	349,856
Other assets	5	11,631	—
<b>TOTAL CURRENT ASSETS</b>		<b>684,944</b>	<b>360,876</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	9,054	10,495
<b>TOTAL NON-CURRENT ASSETS</b>		<b>9,054</b>	<b>10,495</b>
<b>TOTAL ASSETS</b>		<b>693,998</b>	<b>371,371</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	199,625	474,407
Other liabilities	8	407,538	31,500
<b>TOTAL CURRENT LIABILITIES</b>		<b>607,163</b>	<b>505,907</b>
<b>TOTAL LIABILITIES</b>		<b>607,163</b>	<b>505,907</b>
<b>NET ASSETS</b>		<b>86,835</b>	<b>(134,536)</b>
<b>EQUITY</b>			
Accumulated surpluses		86,835	(134,536)
<b>TOTAL EQUITY</b>		<b>86,835</b>	<b>(134,536)</b>



## Statement of Changes in Equity

For the Year Ended 30 June 2016

2016	Accumulated Surpluses \$	Total \$
Balance at 1 July 2015	(134,536)	(134,536)
Surplus for the year	221,371	221,371
Balance at 30 June 2016	86,835	86,835

2015	Accumulated Surpluses \$	General Reserves \$	Total \$
Balance at 1 July 2014	(5,511)	83,000	77,489
Deficit for the year	(212,025)	–	(212,025)
Transfers to/(from) general reserves	83,000	(83,000)	–
Balance at 30 June 2015	134,536	–	134,536

## Statement of Cash Flows

For the Year Ended 30 June 2016

	Note	2016 \$	2015 \$
<b>CASH FROM OPERATING ACTIVITIES:</b>			
Receipts from customers		1,829,373	1,176,019
Payments to suppliers and employees		(1,795,672)	(1,201,273)
Interest received		–	657
Net cash provided by (used in) operating activities	9	33,701	(24,597)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Acquisition of property, plant and equipment		(6,993)	–
Net cash used by investing activities		(6,993)	–
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Funds received and repayable to Global Variome		281,184	–
Net cash used by financing activities		281,184	–
Net cash increase (decrease) in cash and cash equivalents		307,892	(24,597)
Cash and cash equivalents at beginning of year		11,020	35,617
Cash and cash equivalents at end of financial year		318,912	11,020

## Notes to the Financial Statements

For the Year Ended 30 June 2016

### Note 1 Accounting policies

#### (a) General information

The Directors have prepared the financial reports on the basis that the Company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. These financial reports are therefore special purpose financial reports that have been prepared in order to meet the requirements of the Australian Charities and Not-For-Profit Commission Act 2012. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

BioGrid Australia Limited is a company limited by guarantee, incorporated and domiciled in Australia. Such accounting policies are consistent with those of previous periods unless stated otherwise.

### Note 1 Accounting policies continued

#### (b) Basis of preparation

The financial reports have been prepared in accordance with the requirements of the mandatory Australian Accounting Standards applicable to entities reporting under the Australian Charities and Not-For-Profit Commission Act 2012 and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members.

The financial reports, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

#### (c) Revenue

Revenue from the rendering of services is recognised upon delivery of the service to customers. Portions that are deemed not yet earned or matched against expenditure are recorded as income received in advance on the balance sheet. Where the grant or contract relates to support of payments to fixed term employees, these are recognised over an equal period over the life of the contract.

Grant revenue is recognised in the statement profit or loss and other comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the company and the amount of the grant can be measured reliably.

Donations are recognised as revenue when received.

All revenue is stated net of the amount of goods and services tax (GST)

#### (d) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities in the statement of financial position.

#### (e) Trade and other receivables

Trade receivables include outstanding funds invoiced to customers for completed projects or milestones. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets.

#### (f) Property, plant and equipment

##### Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

##### Depreciation

The depreciable amount of all plant and equipment is depreciated on a straight-line basis over the asset's useful life to BioGrid Australia Limited commencing from the time the asset is held ready for use.

#### (g) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

#### (h) Income taxes

No current or deferred income tax assets or liabilities have been raised by the company as it is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997. The company is a registered charity under the Australian Charities and Not-for-profits Commission.

#### (i) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(j) **Going concern**

The company receives a significant portion of its income from long term research projects sourced from the public and private sectors.

The anticipated contractual documentation and commencement of a number of planned public sector projects has been deferred for various reasons and have not been confirmed as at the reporting date. This creates an uncertainty in relation to future income and in turn, the Company's ability to continue as a going concern in future periods.

Notwithstanding the above, the Directors believe it is appropriate to prepare the financial report on a going concern basis given the following:

- The company has traded profitably during and since the end of the last financial year
- The directors are continuing to work with existing and potential customers to explore new projects and sources of revenue, and
- The directors are continuing to work with key stakeholders who have and continue to show their support for the Company and its future operations.

The Company remains the only collaboration network in Australia with the legal and ethical framework to enable the sharing of real-time health and medical data for research. Accordingly it is well positioned to take advantage of opportunities as they arise nationally and internationally. The Company continues to develop and improve its national data linkage platform in collaboration with key suppliers using global vendor hardware and software.

Having considered the above factors, the directors believe that there are reasonable grounds to believe that the Company will be able to pay its debts as and when they fall due, and that the Company will be able to continue as a going concern.

	2016 \$	2015 \$
<b>Note 2 Revenue</b>		
<b>Operating revenue</b>		
– Commercial-led projects	843,972	493,405
– Member subscriptions	297,368	217,044
– Investigator-led projects	250,922	124,043
– Government related projects	180,000	350,000
– Donations	550	600
– Interest received	–	657
– Other income	–	123
<b>Total Revenue</b>	<b>1,572,812</b>	<b>1,185,872</b>

**Note 3 Cash and cash equivalents**

Cash at bank	318,912	11,020
	<b>318,912</b>	<b>11,020</b>

**Note 4 Trade and other receivables**

<b>CURRENT</b>		
Accounts receivable	354,401	349,856
	<b>354,401</b>	<b>349,856</b>

**Note 5 Other assets**

<b>CURRENT</b>		
Prepayments	11,631	–
	<b>11,631</b>	<b>–</b>

	2016 \$	2015 \$
<b>Note 6 Property, Plant and Equipment</b>		
<b>Plant and equipment</b>		
At cost	41,721	34,727
Accumulated depreciation	(32,667)	(24,232)
<b>Total plant and equipment</b>	<b>9,054</b>	<b>10,495</b>

**Note 7 Trade and other payables**

<b>CURRENT</b>		
Trade payables	133,188	462,549
Accruals	42,282	44,097
GST payable (receivable)	24,155	(32,239)
	<b>199,625</b>	<b>474,407</b>

**Note 8 Other liabilities**

<b>CURRENT</b>		
Funds repayable	281,184	–
Government project income received in advance	120,000	31,500
Membership income received in advance	6,354	–
	<b>407,538</b>	<b>31,500</b>

Funds repayable relates to funds that were transferred to BioGrid by the Global Variome Project at the end of the financial year. The funds were arranged to be held by BioGrid due to relocation complications, and is payable back to the company at such time it is requested in the near future.

Government income received in advance are unspent funds received for the VCA Phase 2 project that is contracted to run from May–November 2016. Funding is received in support of paying salary and wages of consultants. Recognised income portions are matched against expenditure over a fixed amount over the life of the contract, and subsequently recorded under Government Projects income in the statement of income and expenditure.

**Note 9 Cash flow information**

<b>Reconciliation of cash flow from operations with net current year deficit</b>		
Net surplus/(deficit) for the year	221,371	(212,025)
Cash flows excluded from surplus attributable to operating activities		
– Depreciation	8,435	11,050
Changes in assets and liabilities		
– (Increase)/decrease in trade and term receivables	(4,545)	(203,832)
– (Increase)/decrease in other assets	(11,631)	174,642
– (Increase)/decrease in trade payables	(274,783)	173,618
– Increase/(decrease) in other liabilities	94,854	31,500
	<b>33,701</b>	<b>(25,047)</b>

Note 10 Company details

The registered office of the Company is:

BioGrid Australia Limited  
Level 8, CMR Building  
Royal Melbourne Hospital  
300 Grattan St,  
Parkville Victoria 3052

Directors' Declaration

The directors have determined that the Company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The Directors of the Company declare that:

- 1. The financial report and notes, as set out on pages XX to XX, are in accordance with the Australian Charities and Not-For-Profit Commission Act 2012 and:
  - (i) comply with Accounting Standards applicable to BioGrid Australia Limited; and
  - (ii) give a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial report.
- 2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Bryan Williams  
Director

28 October 2016



Julian Clark  
Director

BioGrid Australia Limited  
31 136 185 647

SAWARD / DAWSON  
chartered accountants  
www.sawarddawson.com.au

Independent Audit Report to the  
Members of BioGrid Australia Limited

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of BioGrid Australia Limited (the Company), which comprises the statement of financial position as at 30 June 2016, and the statement of income and expenditure and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory information and the directors' declaration.

Director's Responsibility for the Financial Report

The directors of the Company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in 1 to the financial report, are appropriate to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012 and are appropriate to meet the needs of the members. The directors' responsibility also includes internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Opinion

Auditor's Opinion

In our opinion, the financial report of BioGrid Australia Limited is prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance for the year then ended on that date; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Emphasis of Matter

We draw attention to Note 1(j) in the financial report, which indicates the material uncertainty in relation to budgeted but uncontracted project income. This circumstance indicates that a material uncertainty exists that may cast doubt on the Company's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Basis of accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report is prepared to assist BioGrid Australia Limited to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose.

Saward Dawson Chartered Accountants



Saward Dawson



Jeffrey Tulk  
Partner

Blackburn, Victoria  
28 October 2016

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Marie Ickeringill SSA Matthew Stokes CA  
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AUSTRALIA**

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