



## **ClinCard Prepaid Cards Guidelines and Standard Operating Procedures**

### **A. ClinCard Purpose**

To provide guidelines and procedures for the issuance and use of Greenphire ClinCard prepaid cards. ClinCard is a Henry M. Jackson Foundation (HJF) branded reloadable credit/debit card used for research study participant payments. ClinCard works just like any other debit/credit card, it can be used for purchases online or at stores, as well as to get cash from an ATM or a cash advance from a bank. ClinCard can also be used internationally.

### **B. ClinCard Guidelines**

1. ClinCards may be used for payments to participants in an approved HJF research study.
2. The ClinCard Custodian must be an HJF employee that will be responsible for registering the participant into the ClinCard web portal and disbursing the ClinCards.
3. ClinCards are subject to the same restrictions as other disbursements and must be used for allowable purposes, as defined by the source of funds (*Awarding Agency*), *Uniformed Guidance*, and HJF policy. The Custodian will acknowledge the receipt of the ClinCards by signing and returning the ClinCard Acceptance Form, **Form CL-2** (Attachment B).

### **C. Requesting ClinCard Prepaid Debit Cards**

1. All programs requesting ClinCard prepaid debit cards must obtain approval from HJF Regulatory Affairs.
2. The ClinCard Custodian must complete the ClinCard Participant Card Request, **Form CL-1** (Attachment A), and submit the form to the Director of the Office of Regulatory Affairs and Research Compliance.
3. If approved, the HJF Regulatory Affairs Department will return the approved form CL-1 to the Custodian. If not approved HJF Regulatory Affairs Department will contact the Custodian.
4. The HJF Office of Regulatory Affairs and Compliance will set up the protocol payment schedule in the ClinCard web portal based on the approved protocols.

### **D. Establishing a ClinCard Purchase Order**

1. The Custodian must read these guidelines and procedures, complete and sign the ClinCard Acceptance Form, **Form CL-2** (Attachment B) and submit the signed ClinCard

- Participant Card Request, **Form CL-1** (Attachment A) to the person who enters requisitions for the program.
2. The Requisitioner must enter a requisition (REQ) using the Supplier Name "GREENPHIRE" into the Oracle system to encumber the ClinCard funds Please note, there will be two lines on the REQ:
    - a. The first line is the card fees. The cost is \$3.00 per card ordered. The REQ Line should be entered by "Quantity" (i.e., 10 cards at \$3.00 = \$30.00) charged to Expenditure Type "Non-Contract General Services."
    - b. The second line is for the total amount budgeted for the card order. The REQ Line should be entered by "Amount" (i.e. 10 cards with the denomination of \$25.00 = \$250) charged to Expenditure Type "Participant Fees").
  3. The Purchasing Department will review the requisition, and forward its approval directly to the HJF Accounts Payable Department, along with forms CL-1, CL-2 and a copy of the PO.
  4. Once Accounts Payable receives this documentation they will mail the request ClinCards to the Custodian.
  5. ClinCards are mailed to the Custodian in individually pre-sealed envelopes. Each cards "Token #" is visible through the address window so there in no need for anyone other than the study participant to open the envelope. Unused, opened ClinCards cannot be returned to HJF, see Section G below.
  6. The order process, from submission of the original request to the Director of the Office of Regulatory Affairs and Research Compliance to the mailing of the ClinCards, is anticipated to take 7-10 business days.

#### **E. Custodian Responsibilities**

1. The Custodian is responsible safeguarding the ClinCards on hand. Cards are delivered to the Custodian in a pre-sealed envelope. Envelopes should not be opened by anyone other than the study participant.
2. The Custodian must obtain a completed and signed IRS Form W-9 from each study participant receiving a single payment of \$75 or multiple payments totaling \$150 or more in a calendar year.
3. The Custodian is responsible for storing the signed Form W-9 in a secure location at the program site.
4. The Custodian must provide a copy of the signed Form W-9 if requested by the Accounts Payable Department.

5. IRS Form W-9 can be found on the IRS website at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

#### **F. Subsequent Card Order Requirements**

To request additional ClinCards, follow the steps in Sections C and D above.

#### **G. Returning Unused Cards**

1. To return unused, unopened ClinCards the custodian must mail the unused cards along with a completed ClinCard Participant Card Return, Form CL-3 (Attachment C) to the Accounts Payable Department at:

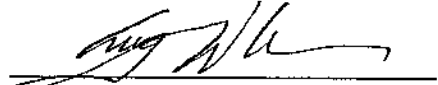
Henry M. Jackson Foundation  
Attn: Accounts Payable  
6720-A Rockledge Drive, Suite 100  
Bethesda, MD 20817

2. Once the cards are received and verified by the Accounts Payable Department the related PO will be closed and the \$3 per card will be credited to the program.
3. Unused cards cannot be used for future and/or other studies.

#### **H. Contact/Reference**

- For protocol approval, contact HJF's Regulatory Affairs Department at 240-694-4026.
- For questions regarding requisitions, contact HJF's Purchasing Department at 240-694-4009.
- For questions regarding card orders or the ClinCard web portal please contact the Accounts Payable Department at 240-694-4032 or via email, [ap@hjf.org](mailto:ap@hjf.org).
- All forms are accessible via HJF Online.

This guideline is effective immediately.

  
\_\_\_\_\_  
Craig D. Anderson  
Senior Vice President & CFO

13 SEP 2016  
Date



### ClinCard Participant Card Request

Date: \_\_\_\_\_

Request for cards: \_\_\_\_\_ New Card Order *(If you need more cards, please place a new order).*

Number of cards: \_\_\_\_\_ X \$3.00 per card = \_\_\_\_\_

*(Program will be charged \$3 for cost of the cards. To be charged to ODC - Non-Contract General Services)*

Total amount budgeted for participant payments: \$\_\_\_\_\_ *(To be charged to Participant Fees)*

HJF Project/Task/Award: \_\_\_\_\_

Site where reloadable cards will be used and stored *(this person must be listed as a custodian at the site):* \_\_\_\_\_

Payment Schedule: *(Please describe visit(s) and amounts)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Name and Location: \_\_\_\_\_

Protocol Title: \_\_\_\_\_

Protocol #: \_\_\_\_\_

PI Name: \_\_\_\_\_

Requestor Information *(Must be an HJF employee with signature authority on the account listed above):*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Email: \_\_\_\_\_

Custodian *(must be an HJF employee):*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Custodian phone number: \_\_\_\_\_

Custodian email address: \_\_\_\_\_

To request ClinCards, please complete form and send to [mspevak@hjf.org](mailto:mspevak@hjf.org) or fax to Marianne Spevak at 240-694-3131.



*Advancing Military Medical Research*

Mail ClinCards to: *(please include contact information)*

\_\_\_\_\_

\_\_\_\_\_

Need by: \_\_\_\_\_

**Additional study personnel listed on the protocol and will require to access to ClinCard System for this protocol:**

**Name:** \_\_\_\_\_

**Role in the Study and Reason for Access:**

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Role in the Study and Reason for Access:**

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**REQUEST DETAILS (HJF Office of Regulatory Affairs must have a copy of the current approved protocol on-file or access to the protocol in the electronic IRB system)**

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**Regulatory Affairs Approval**

**Protocol Approval Date:** \_\_\_\_\_ **Secondary Approval Date (if applicable):** \_\_\_\_\_

**Number of Subjects Approved:** \_\_\_\_\_

**Subject Reimbursement Amount/Payment Schedule:**

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**Marianne Spevak, Director**

**Date**

**Office of Regulatory Affairs & Research Compliance**

To request ClinCards, please complete form and send to [mspevak@hjf.org](mailto:mspevak@hjf.org) or fax to Marianne Spevak at 240-694-3131.



**ClinCard Participant Guidelines - Acceptance**

By signing below I acknowledge, understand, and accept the following:

1. I acknowledge the receipt of the HJF Guidelines for ClinCard Prepaid Debit Cards and confirm that I have read and understood the procedures.
2. I am responsible for ClinCard prepaid debit cards distributed by Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF) in the requested amount of \$\_\_\_\_\_.
3. I understand that any unused cards not returned to the HJF Accounts Payable Department will be my personal responsibility as the custodian and I will be required to reimburse HJF.
4. I agree to use the ClinCard prepaid debit cards for HJF-related purposes and agree not to use the funds for any personal use.
5. I understand that HJF may terminate the use of the ClinCard prepaid debit cards at any time. Termination of the use of the ClinCard prepaid debit cards may result from, but is not limited to: abuse, failure to follow the guidelines, use of funds for personal reasons, or lack of Project/Grant funds.
6. I understand that if my employment is terminated, I will notify HJF Accounts Payable of this action and provide the name of the person who will be taking over as custodian.
7. I understand that changes to the procedures may be made as circumstances make them necessary and any revisions will be deemed applicable, even if they are not signed for in this agreement.

HJF Prepaid Card Custodian Name \_\_\_\_\_

**Print & Sign**

**Date**

*Please attach the approved form during the time a requisition is entered by the program Requisitioner.  
(Please refer to the Guidelines and Procedures for ClinCard)*



### ClinCard Participant Card Return

Date: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Protocol Title: \_\_\_\_\_

Protocol #: \_\_\_\_\_

HJF Project/Task/Award: \_\_\_\_\_

Number of Cards Ordered: \_\_\_\_\_

Number of Cards Returned: \_\_\_\_\_ X \$3.00 per Card = \_\_\_\_\_

*(Depending on the order and return date of the ClinCards, the Program will be credited the amount above)*

Reason for Card Return **(Required)**:

\_\_\_\_\_

\_\_\_\_\_

Replacement Card(s) Needed: \_\_\_\_\_ (Yes or No)

***\*If Applicable***

Number of Replacement Cards Requested: \_\_\_\_\_

Mail Replacement Cards to: *(please include contact information)*

\_\_\_\_\_

\_\_\_\_\_

To return the unused ClinCards, please submit this form and all unused cards to the HJF Accounts Payable Department at Headquarters (HQ):

Henry M. Jackson Foundation  
Attn: Accounts Payable  
6720 A Rockledge Drive, Suite 100  
Bethesda, MD 20817