



ClinCard Participant Card Request Form

Date of Request: Project-Task-Award (PTA)#:

Initial Card Request? or Additional Card Request: If ordering more cards, enter PO#

Protocol #

Protocol Title:

Site:

Study Site PI:

Protocol Current Version:

Protocol Version Approval

ICF Current Version:

Date: ICF Version Approval Date:

TOTAL number of subjects approved by IRB for protocol:

TOTAL amount required for approved protocol subject payment(s):

*Is the total amount required for subject payments available in the current budget?
(Please check with your Program Manager or Grant Specialist if unsure)*

REQUISITION: *Person entering requisition is to create two lines using the category listed on this form:*

LINE 1: Card Order (use Non-Contract General Services category)

Fee Subtotal:

of Cards:

Card Fee: \$3.25

The number of cards requested does not need to equal the total number of approved subjects.

Submit a new form when additional cards are needed.

LINE 2: Research Participant Payment (use Research Subject Debit Cards category)

Pmt Subtotal:

Req Line 2 should include ALL AVAILABLE funds for subject payments. Discuss situation with your HQ Admin and Reg Affairs if there is a need to encumber less than the Total Subject Payment \$.

Requisition Total:

Requestor and Custodian MUST be HJF employees. Custodian/study personnel agree to use the prepaid ClinCards for HJF related purposes for this study ONLY, will store cards in a secure location and return unused cards to HJF Accounts Payable Dept.

Requestor Phone:

Email:

Sign:

Custodian Phone:

Email:

Sign:

SHIP TO: Custodian's Address

PTA Manager Phone:

Email:

Sign:

Reg Affairs Approval:

Reg Affairs Phone:

Email:

Sign:

USE ONE FORM AND REQUISITION PER STUDY PER SITE

Submit to Regulatory Affairs ([email:mspevak@hjf.org](mailto:mspevak@hjf.org))

Additional HJF study personnel listed in protocol who will require access to ClinCard System:

Staff 1 Name:

Phone:

Email:

Staff 2 Name:

Phone:

Email:

Staff 3 Name:

Phone:

Email:

Staff 4 Name:

Phone:

Email:

Staff 5 Name:

Phone:

Email:

Requester, Custodian and PTA should be different individuals.

Custodian and PTA Manager should sign after Requester - Reg Affairs will validate PTA signature

Attach approved CL1 Form to Requisition. Do NOT send form to Accounts Payable Dept.

Buyer will reject any request where the form and Requisition do not match.