New Request ☐ **Change Request** ☐

Add User ☐ **End Study** ☐

Brown University ClinCard Request Form

Updated 12.17.18

Email Form To: clincard@brown.edu

Requestor Information

Name | Title

Email

Telephone number | Department

ClinCard System Users and System Roles

	Brown Email Address	Coordinator	Approver	Reports
Name		☐	☐	☐
Name		☐	☐	☐
Name		☐	☐	☐
Name		☐	☐	☐

Study Details

Study Name | Principal Investigator (PI)

IRB Protocol Number

Duration of the Study Payments | Start Date: | Est. End Date:

Subject Payment Budget

Payment Information

Worktags for Cards and Fees ($3.90 per card, $1.15 per load) | Number of Clincards requested

Worktags for Subject Payments

Notes

Approval (Cost Center/Grant Manager and Principal Investigator)

Name | Title | Signature_____

Name | Title | Signature_____

Subject Payment Schedule (Complete this section if your study participants will be paid based on a schedule)

Visit Schedule	Screening	Baseline	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9
Stipend Amount	$	$	$	$	$	$	$	$	$	$	$