Veterans Medical Research Foundation

STUDY PARTICIPANT FORM ($600 OR MORE IN A CALENDAR YEAR)

TO BE COMPLETED BY STUDY PARTICIPANT:

Participant Name:		
Social Security Number: - -	Email:(needed only if using gift certificate/card)	
Address:		
City:	State:	Zip Code:
Home Phone: ( )	Work Phone: ( )	Ext:

1. Is this payment made to or on behalf of a U.S. citizen or legal permanent resident? ☐ Yes ☐ No

2. Are you currently a VMRF employee? ☐ Yes ☐ No
If yes, do not pay, please contact VMRF Accounting for further instructions.

3. Are you currently a VA employee? ☐ Yes ☐ No
If you are currently a VA employee, please answer the following questions:

a. The activities associated with this research study for which I am volunteering as a study participant are unrelated to my official VA duties: ☐ Yes ☐ No

b. At the time of my volunteering as a study participant I was on off duty status (annual leave or outside of normal VA duty hours). ☐ Yes ☐ No

Participant Signature*: _____ Date: _____

**Your signature confirms that you understand the number of qualifying visits, the pro-rated dollar amount per visit and the total compensation due to you. Please be aware that the IRS requires VMRF to report to them compensation of $600.00 or more in a calendar year. In addition, my signature above confirms that my participation in this research study is entirely voluntary.*

TO BE COMPLETED BY STUDY PERSONNEL:

IRB Protocol No:	Date Requested:
Study Status: Initial Visit ☐ Follow-Up ☐ Visit Completed ☐ Early Termination ☐ Baseline Failure ☐	
Number of Qualifying Visits:	Amount Per Visit: $
	Total Compensation: $

☐ **Check** *(preferred method)* ☐ **Cash** *(must have prior VMRF approval)*

☐ **Gift Certificate/Card** *(must have prior VMRF approval)*

☐ **Hold Check and Notify Coordinator for Pickup** ☐ **Mail Check**

TO BE COMPLETED BY STUDY COORDINATOR:

Date Mailed:		Initials:
Coordinator Name:		Extension:
Principal Investigator:	VMRF Project #	Sponsor:

Payment Authorized By (signature): _____

(Below for Accounting Department use only)

Requires Contracts Coordinator approval	Initials:	Date:
Requires C&G approval ☐ Yes ☐ No	Initials:	Date: