



STUDY PARTICIPANT
FORM
(LESS THAN \$600 IN A
CALENDAR YEAR)

TO BE COMPLETED BY STUDY PARTICIPANT:

Participant Name: _____

Email: (needed only if using gift certificate/card) _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: () _____

Work Phone: () _____

Ext: _____

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