



CLINCARD – STUDY PARTICIPANT PAYMENT REGISTRATION FORM

ClinCard will be used to provide compensation to you for participating in the study titled:

TO BE COMPLETED BY STUDY COORDINATOR

Please select one option regarding text messages:		
<input type="checkbox"/>	I AGREE to ACCEPT text messages confirming planned study visits	Phone Number for text messages:
<input type="checkbox"/>	I DO NOT AGREE to ACCEPT text messages confirming planned study visits.	

Please select one option regarding email messages:		
<input type="checkbox"/>	I AGREE to ACCEPT email messages confirming planned study visits	Email address for messages:
<input type="checkbox"/>	I DO NOT AGREE to ACCEPT email messages confirming planned study visits.	

The last 4 digits of the card are:

Participant Legal Name (Printed)

If payment is to be made to Subject's Parent/Legal Guardian/Other, please provide LEGAL Name

Have you participated in a prior study at UGA? _____
(If Yes, BTS will need to link individual to prior study. Please forward form to them.)

DOB

Address

By signing this receipt, I am confirming that I have/will be issued a ClinCard for study related payment. I understand if paid \$600 or more in a calendar year I will be issued a 1099-MISC form. Tax Identification Number (Social Security Number "SSN" or Individual Taxpayer Identification Number "ITIN") is used for 1099-MISC tax reporting purposes only. Study specific information is not shared with or sent to the IRS.

Payee Signature

Date

UGA Study Team Member Issuing ClinCard (Printed)

UGA Study Team Member Signature

Date

**UGA Team member – Reminder, whomever is receiving payment, participant/caregiver/legal guardian must complete a W9 if payment is \$100 or will be \$600 in calendar year. W9 should be sent directly to Accounts Payable by secure delivery.*