

CTFM: Participant Card Request Form

REQUESTOR INFORMATION

Requestor Name: _____

Requestor Email: _____

Requestor Phone: _____

Request Submission Date: _____

CARD REQUEST INFORMATION

Requested Pick Up Date: _____

Thursdays Only 3:30 pm - 4 pm

(Please type in a Thursday date)

Number of Cards Requested: _____

IRB Number: _____

Workday Number: _____

PI Name: _____

Comments: _____

CTFM USE ONLY

Recipient Print Name: _____

Recipient Signature: _____

Today's Date: _____

Approver: _____

Date Completed: _____

Please complete the first two sections of the form and submit to PRC@email.chop.edu. Please allow 48 hours for processing. An outlook meeting invitation will be sent to the Requestor to confirm pick up date/time. Please make sure to check your email and accept the meeting invitation to confirm card pick. In addition, please review the PRC Program User Agreement Form. The Users Agreement form will be provided to requestors to sign at pick up.



**Children's Hospital
of Philadelphia**

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