# Participant Research Card Requestor Agreement

**The distribution of research participant incentives requires strict adherence to CHOP policies. Any inappropriate use or distribution can be subject to CHOP disciplinary action.**

**You are personally accountable for the following:**

a) Each card is to be distributed to the study participant enrolled in the study in accordance with the study milestone.

b) All cards must be maintained in a secure location.

c) Theft of any research participant cards from your possession must be reported to CHOP Security and CTFM immediately.

d) Study participant data must be entered correctly and completely into the Clin card system in accordance with the IRB approved incentive payment.

**Card Guidelines:**

a) If the card has been issued for reimbursement expenses, obtain the appropriate receipts for the reimbursement and upload the receipts on the Clincards website

b) For CHOP employees receiving PRC cards, have the employee complete the CHOP Employee Payment or Gift – Request Form (located on the intranet under Administrative Policy Manual No. A-4-17) and submit to the Payroll department as directed by the policy

c) Compensation/Incentives over $600 to participants:
   - If the cumulative payment for subjects is expected (per the budget) to be more than $600 of compensation/incentives in a calendar year, please collect completed W-9 forms from subjects before loading the PRC cards with compensation. Please send the participant's completed W-9 Form to the Accounts Payable Shared Service Center (Lisa Schule via schulel@email.chop.edu) then properly destroy the W-9 hardcopy.

**Failure to comply will result in disciplinary action, in accordance with CHOP HR policy "Rules of Conduct".**

**Policy violations include, but are not limited to:**

- **Personal use of the research participant card.**
- **Assigning incentive amounts greater than the IRB approved incentive.**
- **Any other inappropriate use of the cards**

**By signing this attestation you are agreeing to abide by these requirements.**

Signature: _____  Date: _____

## Children's Hospital of Philadelphia
### RESEARCH INSTITUTE