

TJU: ClinCard Receipt	
Study Name: (JeffTrial# or IRB#)	
Subject Study ID:	
W-9 Completed <input type="checkbox"/> Yes <input type="checkbox"/> No * Date completed: ____/____/____	ClinCard Given to Patient? <input type="checkbox"/> Yes Token Number (listed on ClinCard front window envelope): _____ <input type="checkbox"/> Replacement Card <input type="checkbox"/> No (If no, provide explanation): Explanation: _____
*Waiver of Payment Explanation: Only fill out this section if the participant is waiving payment	
Subject Name: (Print)	
Subject Signature:	
Coordinator Name: (Print)	
Coordinator Signature:	

- If the participant declines completing the IRS W9 Requirement, they are not able to receive remuneration. The can still participate in the study however payment cannot be issued.