

## TJU: ClinCard Receipt

### *To be completed by the coordinator:*

<b>Study Name: (JeffTrial# or IRB#)</b>	
<b>Subject Study ID:</b>	
<b>W-9:</b>	Please check one of the following: <input type="checkbox"/> I collected a W-9 from the participant <input type="checkbox"/> I did NOT collect a W-9 from the participant Reason why: _____
	*W-9 MUST be collected for any subject receiving >\$1,500 from Jefferson
<b>ClinCard:</b>	Token number of new ClinCard: _____ OR Last 4 digits of existing ClinCard: _____
<b>Coordinator Name: (Print)</b>	
<b>Coordinator Signature:</b>	
<b>Date:</b>	

### *To be completed by subject:*

<b>Subject ClinCard Attestation:</b>	Please check one of the following: <input type="checkbox"/> I received a new/replacement card. <input type="checkbox"/> I already have a ClinCard and am accepting payment for this study. <input type="checkbox"/> I am waiving payment for this study. This does not impact my participation in the study.
<b>Subject Name: (Print)</b>	
<b>Subject Signature:</b>	
<b>Date:</b>	