



CLINCARD STUDY ENROLLMENT FORM

Please complete this form (**one per study**) and email to the Clinical Translational Unit at ctuforms@tulane.edu. Once your application has been received, you will be contacted by the CRFO with further instructions. If you have any questions regarding ClinCard program, please contact Andrew Barton at 504-988-9038 or Kayla Lavery at 504-988-4645.

User First Name	Last Name	Email Address	Phone Number	Role on Project (e.g. Coordinator, PI, Dept. Administrator)

Note: If you have more than three users to add, please continue the list on an attachment or add additional lines.

Target enrollment: ____ x ____ **number of projected visits per patient =** ____

Department Name	Sponsor Name (if any)	Study Name*(short title)	Study Description	Patient ID Required?	SSN Required?
				Yes	Required

Payment Description (e.g. "Visit 1," "Screening," etc.)	Payment Amount (\$)

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Note: If there are more than 20 visits with compensation, please continue the list on an attachment or add additional lines.

Provide Billing Information for the Above Study:

Study Name*(short title)	School	Org #	Project (Grant) #
	School of Medicine		

Provide UBIT Exempt Taxable Status Information for the Above Study:

Study Name*(short title)	IRB #	IRS RR 68-373 IS THE PURPOSE OF THE TRIAL testing of an already-approved FDA drug for "public safety"? EXEMPT – Very Common	IRS PLR 8230002 IS THE PURPOSE OF THE TRIAL "for benefit" testing on patients who already have the target disease, for a drug or device that does not yet have FDA approval? EXEMPT – Very Common	IRS PLR 8230002 IS THE PURPOSE OF THE TRIAL "not for benefit" testing on participants who do not have the target disease, for a drug that does not yet have FDA approval? PROBABLY NOT EXEMPT

*These names should match

Signature: _____ **Date:** _____

of cards requested



CLINCARD DESIGNEE REQUEST FORM

Each Program Coordinator may select one additional coordinator to serve as a designee to approve ClinCard payments if the primary coordinator is not available. Please complete the following information to assign a designee and send the complete form to ctuforms@tulane.edu. Please note that department/section administrators **may not** serve as designees.

Study Name (Short Title): _____

Department Name: _____

Sponsor Name: _____

Study Description: _____

Program Coordinator Name: _____

Program Coordinator Email Address: _____

Program Coordinator Phone Number: _____

Designee Name: _____

Designee Email Address: _____

Designee Phone Number: _____

I request that the individual named above has designated authority to approve ClinCard payments on the above referenced study in the event of my absence or nonavailability.

Program Coordinator Signature

Date

Designee Signature

Date