

Research Team Process Guide

Managing Research Participant Payments



Clinical Trials Office

UT Health Science Center at San Antonio

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Training Guide | Version 5.0 | December 2016

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Introduction

The Management of Research Participant Payment policy as described in the Handbook of Operating Procedures, HOP 7.7.2 (Jan 2015), establishes guidelines for management of participant payments. This policy provides uniform methods for documenting, tracking, and approving participant payments. These systems ensure that the Health Science Center is adequately managing the financial and ethical integrity of human subject research, with regards to participant payments. Training and knowledge of this policy is mandatory for all employees assigned to one of the participant payment roles defined in HOP 7.7.2.

Clinical Trials Office

The Office of the Institutional Review Board (OIRB) and or the Office of Clinical Research (OCR), refer studies planning to make participant payments to the Clinical Trials Office (CTO). The CTO is responsible for the completion of Participant Payment related documentation which includes: the Inst. B form, Participant Payment Workbook and ClinCard study build when applicable. The CTO will work with the Principal Investigator (PI) or designee to complete the Inst. B form, which is finalized and returned to the OIRB and/or OCR. The CTO will provide a Study Information Page (SIP) form to the Principal Investigator (PI) or designee for completion. The CTO will complete the Subject Payment Schedule (SPS) for the PI/designee, based on information in the approved Inst. B form. Once CTO review is complete and approved, the documents must be signed by the following: Principal Investigator, Authorized Signatory on PGID, Custodian, PI's Dean or Deans Designee (*Only required when total study payments exceed \$1,000 (USD) per subject per study), Office of Sponsored Programs (*Only required when a Fund Code is within 41XXX-44XXX range), with final signatures by the CTO. Change Request to the Study Information Page (SIP) must receive approval by the Principal Investigator (PI). The CTO will distribute the approved documents.

Appendix A includes CTO forms used to manage participant payments. For additional information please contact the CTO at (210) 567-8072, or VPRCTO@uthscsa.edu.

Office of Sponsored Programs

The Office of Sponsored Programs (OSP) is responsible for the review and approval of PID's with fund codes that range from 41XXX-44XXX. OSP will review the Subject Payment Schedule (SPS) to verify that the total budget requested does not exceed the amount available on the PID and fund code provided.

Appendix A includes CTO forms used to manage participant payments. For additional information please contact OSP at GRANTS@uthscsa.edu.

Bursar's Office

The Bursar's Office (Bursar) is responsible for the coordination of banking services for the Health Science Center (HSC), including Petty Cash and HSC Debit Cards. Both Petty Cash and Debit Cards must be obtained from the Bursar. The Bursar must have an approved Subject Payment Schedule from the CTO in order to open Petty Cash or Debit Card accounts for a study. The custodian is the only authorized person allowed to pick up Petty Cash and Debit Cards from the Bursar office, utilizing the required HSC-Debit Card Request Form.

Appendix B includes Bursar forms used for these processes. For additional information please contact the Bursar's Office at (210) 567-2556 or SAHCashMgt@uthscsa.edu.

Participant Payment Roles

The Principal Investigator is responsible for the overall conduct of the research project; including the management of research participant payments. The PI must assign UT employees to staff the participant payment roles as described in Managing Research Participant Payments policy, including:

CUSTODIAN: The person designated to guard and manage the payment account or inventory (i.e., Health Science Center Debit Cards, petty cash, gifts or local/state vouchers) or Sponsor Provided items (i.e., Debit Cards, Gift Cards, Gifts). Disburses and approves payments for participants in accordance with the [Subject Payments Schedule](#); prepares and provides unique ID numbers to [Subject Payment Form](#); collects and manages all required documentation for the participant payments, except for the [Reconciliation Log](#); witnesses inventory reconciliations conducted by the Department Representative; responsible for shortages or overages; responsible for reporting shortages and overages to their supervisor, the Principal Investigator (PI), the CTO, the Bursar, the OSP, the Dean (or designee) and the UT Police department.

DEPARTMENT REPRESENTATIVE: A responsible person who is independent of the business operations of a study. The Department Representative conducts required inventory reconciliations using the [Reconciliation Log](#). Collects and maintains completed [Reconciliation Logs](#). Responsible for reporting shortages and overages to their supervisor, the Principal Investigator (PI), the CTO, the Bursar, the OSP, the Dean (or designee) and the UT Police department. For Studies using the Health Science Center Debit Card, the Department Representative does not have to be independent of the business operations, as long as this individual is not listed as the Custodian or a Payor for the given Study. Access within the Health Science Center Debit Card will limit access to prevent the Department Representative from being able to request or approve payments.

PAYOR: A member of the research team (typically a study coordinator) who works with the Custodian to provide payments to subjects. The Payor obtains signed Subject Payment Forms from Payee(s) as proof of payment for the Custodian. They also request electronic payments for subjects with HSC Debit Cards. Payors are financially responsible for all payment inventory entrusted to them and are responsible for reporting all payment shortages and overages to the Custodian.

RESEARCH PARTICIPANT: The individual who is receiving payment for participating in the given research study.

Study Information Page

The Study Information Page (SIP) form is the reference document for study information and staffing related to a given study. The CTO will ask the Principal Investigator (PI) or designee to complete one for each study. Once the SIP is approved it must be signed by the PI with final signature by the CTO. The CTO will provide electronic copies of the approved SIP(s) to the PI and/or PI's point of contact and the Custodian. All approved SIP(s) will be maintained by the Custodian as a component of the Participant Payment Workbook.

Changes to a SIP, must be submitted using the [SIP Change Request](#) form which must receive signed approval from the PI. The SIP Change Request should be submitted to the CTO using VPRCTO@uthscsa.edu, the CTO will make updates to the Participant Payment Workbook with return copy to the Custodian.

Research Team Roles and Responsibilities for Amendments/Changes to Payment Staffing Plan

SIP Change Request Form Completion:

1. Documents changes made to Study Information or Payment Staffing Plan including:
 - a. Principal Investigator
 - b. PGID Number
 - c. Fund Code
 - d. Max # of Participants for the study
 - e. Payment Staffing Role(s) – Authorized Signatory on PGID, Department Representative, Custodian, Payor(s)
 - f. Dollar Value of Payments

Dependent on the change request form submitted, there may be additional required documents/signatures required in order to process the update. All approved revisions to the SIP will be maintained by the Custodian as a component of the Participant Payment Workbook.

Studies with ClinCard as the method of payment will require extra processing time.

Subject Payment Schedule

The Subject Payment Schedule (SPS) is the reference document for payment events and/or milestones, method(s) of payment, and amounts. The CTO will complete the Subject Payment Schedule (SPS) with the Principal Investigator (PI) or designee, using the approved Inst. B form. Multiple SPS forms may be necessary for trials with multiple arms or groups receiving different payments. Once the SPS is approved it must be signed by the Authorized Signatory on PGID, Custodian, PI's Dean or Deans Designee (*Only required when total study payments exceed \$1,000 per subject per study), Office of Sponsored Programs (*Only required when a Fund Code is within 41XXX-44XXX range), with final signature by the CTO. All approved SPS(s) will be maintained by the CTO, the CTO will make final distribution of copies to the PI and/or PI's point of contact, the Custodian, OSP (when applicable) and Bursar's Office (when applicable).

Changes to an approved SPS must receive re-approval by the Authorized Signatory on PGID, Custodian, PI's Dean or Dean's Designee (*Only required when total study payments exceed \$1,000 per subject per study), Office of Sponsored Programs (*Only required when a Fund Code is within 41XXX-44XXX range), with final signature by the CTO. All approved SPS(s) will be maintained by the CTO, the CTO will make final distribution of copies to the PI and/or PI's point of contact, the Custodian, OSP (when applicable) and Bursar's Office (when applicable).

Processing Participant Payments

This section will outline the Processing of Participant Payments, with relation to the method(s) of payment for a study. Researchers at the Health Science Center may use the following methods of payment research subjects:

- Health Science Center Debit Cards – (preferred method of payment)
- Cash
- Local State Vouchers
- Gift items
- Gift Cards

Health Science Center Debit Cards

In this section we outline the use of the Health Science Center Debit Card (Debit Card). The Debit Card is the preferred method for making Participant Payments. ClinCard is the software management system for

the Debit Cards. ClinCard is a web-based portal, for requesting and approving participant payments. After reviewing this section you will:

- Understand the Overview of ClinCard Set-up
- Understand the Roles and Responsibilities for the Research Team
- Understand how to register and pay Subjects using the ClinCard software
- And understand how to request ClinCards from the Bursar's Office

Overview of ClinCard Set-up

Once Approval of your Research Teams SPS Form has been granted:

1. The CTO will enter the study into the ClinCard software based upon the approved SPS(s).
2. Once the study has been entered, the study staff notated on the Study Information Page (SIP) will be notified and granted access to ClinCard software via email notification from ClinCard.
3. The Custodian orders Debit Cards from the Bursar's Office using the [HSC-Debit Card Request Form](#) which is located in the Participant Payment Workbook. The Custodian is the only individual that is able to order and pick-up the ClinCards from the Bursar's Office.

ClinCard Request Steps

"New - Card Requests" should be submitted to the Bursars Office at: SAHCASHMGT@uthscsa.edu.

1. The Initial "New-Card Request" is recommended to encompass quantity that is realistic to enrollment pace. Example the SPS Form indicates the max participants is 50. Although the trial is designed to have a staggered enrollment, the custodian can request less than the Max quantity listed based on enrollment timeline.
2. "Additional/Replacement- Card Request" form will be submitted by the Custodian and submitted to the Clinical Trials Office for approval at: VPRCTO@uthscsa.edu.

ClinCard Users Access

1. The CTO provides Users access based on their Role listed in the Payment Staffing Plan of the Study Information Page (SIP).
2. Access and Log-in credentials are emailed to the users by the ClinCard software.
3. Log-in credentials are "case sensitive"
4. Issues with logging into ClinCard can be addressed by using the following:
 - i. "Forgot username and password?"
 1. Enter email address
 2. Click "Reset my password"
 3. Retrieve emailed instructions for resetting your password
5. If you experience additional issues please contact CTO:
 - i. Phone: (210) 567-8072
 - ii. Email: VPRCTO@uthscsa.edu

Research Team ClinCard Roles and Responsibilities

Custodian:

1. Completes the Departmental ClinCard Request Form and picks up the debit cards from the Bursar's Office
2. Stores and safeguards the debit card inventory
3. Stores and safeguards ClinCard subject payment documentation
 - a. Departmental ClinCard Request Form
 - b. Subject Payment Forms
 - c. Payor Distribution Forms
 - d. Reconciliation Log
4. Records the debit cards on a Gift Log to establish the inventory level

5. Distributes debit cards to Payors using a Payor Distribution Form (PDF) to document the number of cards issued and returned
6. Witnesses inventory reconciliations conducted by the Department Representative
7. Approves debit card payment requests in the ClinCard system
8. Runs study level ClinCard system reports on payments

Payor:

1. Enters subjects into the ClinCard system
2. Assigns ClinCards to subjects
3. Obtains subject signatures on Subject Payment Forms (SPF) for debit cards issued and provides SPFs to the Custodian
4. May help the subject to activate their debit card
5. Requests payments for subjects in the ClinCard system
6. May schedule appointment reminders for subjects in the ClinCard system

Department Representative responsibilities:

1. Conduct opening and closing reconciliations of the ClinCard inventory
2. Conduct periodic reconciliations (at least once a month) of the ClinCard inventory

Using the ClinCard software

1. How to Look up a Subject who may already be registered:

- a. Log in to www.clincard.com
- b. Click on "Look up Subject"
- c. Search for the Subject you want to pay by entering one of the following pieces of information:
 - i. First name / Last name
 - ii. Subject ID
 - iii. Subject Initials
- d. The result page will list any Subjects that meet the specified search criteria
 - i. By clicking on the underlined name of the Subject, you will be brought to the "Subject information" screen where you can perform any of the actions required for the Subject.

2. Register a New Subject:

Please remember to look up a subject prior to registering them to avoid assigning multiple cards to a Subject, as well as duplicating the subject in the ClinCard system.

- a. Log in to www.clincard.com
- b. Click on "Register Subject"
- c. Enter the required information into the form
- d. **Note:** If you would like the subject to receive payment confirmations or appointment reminders, be sure the "Email (Enable)" and/or "Text Messaging (Enable)" checkboxes are selected.
- e. Click on the "Register" button
- f. The "Subject Information" screen appears; page contains information where Payor(s) assign a card number, make a payment, schedule an appointment reminder, replace a Debit Card or edit a subject's information.

3. How to Assign a ClinCard to a Subject:

- a. Log in to www.clincard.com; locate the "Subject Information" screen.

- b. On the right hand side of the screen, click on “Assign ClinCard” and a pop-up screen appears.
- c. In the “New Card” field, enter the 16 digit number visible through the window of one of the ClinCard card packages you received
- d. Note: There is no need to open the envelope prior to providing to the subject
- e. Click on the “Assign” button
- f. Once the card has successfully been assigned, you will receive a confirmation message at the top of the “Subject Information” screen

Please inform the Subject that this is a reloadable card and that they should hold on to this card, do not discard after use.

Internal Recording Requirements:

- To transfer the Debit Card to the participant, obtain signature on the Subject Payment Form.
- Record the card number on the SPF under Serial/Sequence Number. Compare the card number on the SPF to the assigned card number in the *ClinCard* system to ensure consistency.

4. How to Replace a ClinCard, In the event that a Subject loses their card:

- a. Log in to www.clincard.com; locate the “Subject Information” screen.
- b. Click on “Replace ClinCard”
- c. In the “New Card” field, enter the 16 digit number visible through the window of one of the ClinCard card packages you received
- d. Note: There is no need to open the envelope prior to providing to the subject
- e. Click on the “Assign” button
- f. Once the card has successfully been assigned, you will receive a confirmation message at the top of the “Subject Information” screen

Note: This will deactivate the lost card and automatically transfer any available/pending balances to the newly assigned ClinCard.

Internal Recording Requirements:

- To transfer the Debit Card to the participant, obtain signature on the Subject Payment Form.
- Record the card number on the SPF under Serial/Sequence Number. Compare the card number on the SPF to the assigned card number in the *ClinCard* system to ensure consistency.

5. How to Make a Site Visit Payment:

- a. Log in to www.clincard.com; locate the “Subject Information” screen.
- b. Click on “Make Site Visit Payment,” a pop-up window should appear.
 - i. Select from the dropdown box for which milestone the patient is being paid, e.g., Visit 1)
 - ii. Click on the “Pay” button
 - iii. Once the payment has successfully been requested the “Pending Payment” area of the “Subject Information” screen will reflect the payment. It will also be reflected in your “Recent Activity” on the left-hand side of the screen.
- c. Once a payment request has been approved and processed, the amount will be removed from the “Pending Payment” area and reflected in the “Available Balance” area.

- d. If the Subject has opted to receive email and/or text messages, the Subject will receive a payment confirmation communication once the payment is approved by the Custodian.

Cash Payments

In this section we outline the use of cash for subject payments. After reviewing this section you will:

- o Understand the roles and responsibilities for the Research Team

Research Team Roles and Responsibilities for Cash Payments

Custodian:

1. Establishes petty cash accounts with the Bursar's Office
2. Stores and safeguards petty cash inventory
3. Stores and safeguards payment documentation
 - a. Petty Cash Account documentation
 - b. Subject Payment Information
 - c. Subject Payment Forms
 - d. Payor Distribution Forms
 - e. Reconciliation Log
4. When making cash payments obtains subject and Witness signatures on Subject Payment Forms (SPF)
5. Conducts periodic reconciliations (at least once a month) of the petty cash account
6. May use a Payor to provide payments to subjects; the amount of cash issued to and returned by Payors must be documented on a Payor Distribution Form (PDF) retained by the Custodian

Payor:

1. Receives cash payments from the Custodian; the amount of cash received from and returned to Custodian must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian
2. Obtains subject and Custodian signatures on Subject Payment Forms (SPF) for payments given to subjects
3. Provides completed SPFs for payments made to the Custodian

Department Representative:

1. Conduct opening and closing reconciliations of the petty cash inventory
2. Conduct periodic reconciliations (at least once a month) of the petty cash inventory

Local/State Voucher Payments

In this section we outline the use of local/state vouchers for subject payments. After reviewing this section you will:

- o Understand the roles and responsibilities for the Research Team

Research Team Roles and Responsibilities for Local/State Voucher Payments

Custodian responsibilities:

1. Provides study information to be included on the local/state voucher:
 - a. Short study title

- b. IRB number
 - c. Principal Investigator
 - d. Custodian
 - e. Detailed payment milestone(s)
 - f. Amount of payment(s)
2. Reviews and approves payment information on Local/State Vouchers prior to submission
3. Signs and dates the local/state voucher to document review

Gift Payments

In this section we outline the use of gift payments for subject payments. After reviewing this section you will:

- Understand the roles and responsibilities for the Research Team

Research Team Roles and Responsibilities for Gift Payments

Custodian:

1. Purchases or otherwise acquires gifts for subject payment
2. Records the gifts on a Gift Log to establish the inventory level
3. Stores and safeguards the gift inventory
4. Stores and safeguards gift payment documentation
 - a. Gift Log
 - b. Reconciliation Log
 - c. Subject Payment Forms
 - d. Payor Distribution Forms
5. When making gift payments obtains subject and Witness signatures on Subject Payment Forms (SPF)
6. Conducts periodic reconciliations (at least once a month) of the gift account
7. May use a Payor to provide payments to subjects; the number of gifts issued to and returned by Payors must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian

Payor:

1. Receives gift payments from the Custodian; the number of gifts received from and returned to the Custodian must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian
2. Obtains subject and Custodian signatures on Subject Payment Forms (SPF) for payments given to subjects
3. Provides completed SPFs for payments made to the Custodian

Department Representative:

1. Conduct opening and closing reconciliations of the gift inventory
2. Conduct periodic reconciliations (at least once a month) of the gift inventory

Gift Card Payments

In this section we outline the use of gift cards for subject payments. After reviewing this section you will:

- Understand the allowability of gift card payments
- Understand the roles and responsibilities for the Research Team
- Understand how to transition a study from making gift card payments to making debit card payments
- Understand how to return or reallocate surplus gift cards

Gift cards can no longer be purchased for subject payments. Gift cards may only be used if:

- The gift cards were purchased prior to implementation of the HOP 7.7.2, Management of Research Participant Payments, Revised April 2014, or
- The gift cards are not purchased with Health Science Center or study funds, but provided directly by an external sponsor

Research Team Roles and Responsibilities for Gift Card Payments

Custodian:

1. Obtains gift cards for subject payment from external sponsor
2. Records the gift cards on a Gift Log to establish the inventory level
3. Stores and safeguards the gift card inventory
4. Stores and safeguards gift card payment documentation
 - a. Gift Log
 - b. Reconciliation Log
 - c. Subject Payment Forms
 - d. Payor Distribution Forms
5. When making gift card payments obtains subject and Witness signatures on Subject Payment Forms (SPF)
6. Conducts periodic reconciliations (at least once a month) of the gift card account
7. May use a Payor to provide payments to subjects; the number of gift cards issued to and returned by Payors must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian

Payor:

1. Receives gift card payments from the Custodian; the number of gift cards received from and returned to the Custodian must be documented on a Payor Distribution Form (PDF) which is retained by the Custodian
2. Obtains subject and Custodian signatures on Subject Payment Forms (SPF) for payments given to subjects
3. Provides completed SPFs for payments made to the Custodian

Department Representative:

1. Conduct opening and closing reconciliations of the gift card inventory
2. Conduct periodic reconciliations (at least once a month) of the gift card inventory

Transitioning Between Methods of Payment

In this section we will outline how to transition from one method of payment to another.

- Consultation with the Clinical Trials Office is required to develop and approve a revised Subject Payment Schedule before a study can change its method of payment

- The original method of payment must end on or before the date that the succeeding method of payment begins. There can be no overlap between two types of payment.

Returning or Reallocating Surplus Gift Cards

In this section we will outline how to return or reallocate surplus gift cards:

- Surplus gift cards are those that remain when the intended use of the cards has ended.
 - The study has closed and all gift card payments have been made
 - The study continues but all gift card payments have been made
 - The study continues but has transitioned to another type of payment, e.g. debit cards
- Once cards have been deemed surplus the Custodian must determine if there are any restraints to their return or reallocation.
 - Gift cards purchased by the sponsor may need to be returned to the sponsor – a review of sponsor agreements/communications is necessary to inform the Custodian
 - Gift cards purchased with grant funds or other restricted funds must abide by the rules governing the allowable use of funds and may need the consent of the project manager
 - Surplus gift card return or reallocation must be in accordance with institutional and departmental guidelines.
 - Documentation of surplus card return or reallocation must be maintained by the Custodian as part of the required participant payment documentation.
- Examples of reallocating surplus cards:
 - Repurpose surplus cards within a project to be used for sponsor approved purposes
 - Transfer cards, at free market value, to another project to be used in accordance with institutional and departmental guidelines
 - Transfer cards, free of charge, to another project to be used in accordance with institutional and departmental guidelines

Vendor/Payee Set-Up Forms

If payments to a subject are expected to exceed \$500 in a calendar year then that subject will need to be established as a Payee with Accounting. The Custodian must submit a Vendor/Payee Set-Up form for each subject meeting these criteria to Accounting at ACCPG-ADMIN@uthscsa.edu.

Appendix C includes the Vendor/Payee Set-Up form. For additional information please contact Purchasing Customer Service at (210) 562-6290 or PURCHADMIN@uthscsa.edu or Accounting at (210) 562-6230.

Training

Do **NOT** use Internet Explore when logging into the Knowledge Center, the preferred browsers are Google Chrome and FireFox

In the Knowledge Center:

Research & Development Topic:

- Management of Research Participant Payments
 - This course provides an overview of the standardized system required by HSC researchers and staff, whether directly or indirectly associated with compensating research subjects.
 - This module explains which roles people are filling when involved in making payments, as well as the responsibilities of each role.
 - MANDATORY for any employee with a role in the participant payment process.
- HSC Debit Card – ClinCard for Research Participant Payments
 - Prerequisite: Management of Research Participants Payments
 - REQUIRED for all employees associated either directly or indirectly when paying Research Subjects with the HSC Debit Card System, ClinCard.

APPENDIX A. CTO Participant Payment Forms

1) Study Information Page

| Study Information Page | | | | |
|--|---|-----------------|------------------|------------------------|
| Information on this sheet provides data to the other forms (tabs) in this workbook. | | | | |
| This sheet must be revised whenever there are changes to the STUDY INFORMATION or PAYMENT STAFFING PLAN. To request changes complete the SIP Change Request and submit it to the Clinical Trials Office for approval, VPRCTO@uthscsa.edu | | | | |
| STUDY INFORMATION | | | | EFFECTIVE DATE: |
| IRB NUMBER: | | | | |
| SHORT STUDY TITLE: | | | | |
| PGID NUMBER: | | | | |
| FUND CODE: | *OSP Approval Required for Fund Codes in the Range of 41XXX-44XXX | | | |
| DEPARTMENT: | | | | |
| MAX. # PARTICIPANTS FOR THIS STUDY: | | | | |
| PROJECTED START DATE: | | | | |
| ACTUAL START DATE: | | | | |
| PAYMENT STAFFING PLAN | | | | |
| Role | Name | UT Employee ID# | Email Address | Phone |
| PRINCIPAL INVESTIGATOR: | | | | |
| AUTHORIZED SIGNATORY on PGID: | | | | |
| DEPARTMENT REPRESENTATIVE: | | | | |
| CUSTODIAN: | | | | |
| PAYOR: | | | | |
| PAYOR: | | | | |
| PAYOR: | | | | |
| PAYOR: | | | | |
| *PI'S DEAN or DEAN's Designee: | | | | |
| *Only required when total study payments exceed \$1,000 per subject per study. | | | | |
| ADDITIONS/REMOVALS FROM ORIGINAL STAFFING PLAN | | | | |
| ORIGINAL WORKBOOK DATE | | | | |
| Role | Name | UT Employee ID# | Addition/Removal | Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| APPROVALS | | | | |
| PRINCIPAL INVESTIGATOR: | | | | |
| | NAME | SIGNATURE | DATE | |
| CLINICAL TRIALS OFFICE: | | | | |
| | CTO Representative NAME | SIGNATURE | DATE | |
| Clinical Trials Office Version: 6.0 UT Health Science Center at San Antonio Version Date: Dec. 2016 | | | | |

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APPENDIX A. CTO Participant Payment Forms

2) SIP Change Request

| SIP Change Request | | | | | |
|--|---|----------------------|---------------|-------|---|
| This sheet must be submitted to document changes to the STUDY INFORMATION or PAYMENT STAFFING PLAN. To request changes complete this form and submit it to the Clinical Trials Office for approval, VPRCTO@uthscsa.edu | | | | | |
| DATE: | | | | | |
| Submitted by: | | | | | |
| STUDY INFORMATION | | | | | |
| IRB NUMBER: | | | | | |
| SHORT STUDY TITLE: | | | | | |
| PRINCIPAL INVESTIGATOR: | | | | | |
| CHANGING STUDY INFORMATION | | | | | |
| PGID NUMBER: | <i>Enter changing information only!</i> | | | | |
| FUND CODE: | | | | | |
| MAX. # PARTICIPANTS FOR THIS STUDY: | | | | | |
| CHANGES to PAYMENT STAFFING PLAN | | | | | |
| Role | Name | UTHSCSA Employee ID# | Email Address | Phone | ADD/REMOVE |
| PRINCIPAL INVESTIGATOR: | | | | | |
| AUTHORIZED SIGNATORY on PGID: | | | | | |
| DEPARTMENT REPRESENTATIVE: | | | | | |
| CUSTODIAN: | | | | | |
| CUSTODIAN: | | | | | |
| PAYOR: | | | | | |
| PAYOR: | | | | | |
| PAYOR: | | | | | |
| Comment/Explanation of Change: | | | | | |
| | | | | | |
| APPROVAL of CHANGE REQUEST | | | | | |
| PRINCIPAL INVESTIGATOR: | | | | | |
| | NAME | SIGNATURE | DATE | | |
| Clinical Trials Office UT Health Science Center at San Antonio | | | | | |
| | | | | | Version: 6.0 Version Date: Dec. 2016 |

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APPENDIX A. CTO Participant Payment Forms

3) Subject Payments Schedule

| SUBJECT PAYMENTS SCHEDULE | | | | | | | |
|--|--------------------|--|-------------|-------------------|----------------------|---|-----------------------|
| SHORT STUDY TITLE: _____ | | MAX. # STUDY PARTICIPANTS: _____ | | Date: _____ | | | |
| IRB NUMBER: _____ | | INVESTIGATOR: _____ | | | | | |
| PGID NUMBER: _____ | | CODE: _____ | | DEPARTMENT: _____ | | | |
| Detailed Payment Milestones (include requirements for payment) | Number of Payments | Dollar Value of Payments | | | Maximum Dollar Value | Number of Gifts | Number of Debit Cards |
| | | Cash | LIS Voucher | Debit Card | | | |
| ClinCard: Issue 1 ClinCard which can only be dispensed after a patient has qualified to receive a participant payment | | | | | | | 1 |
| Page 1 | | | | | | | |
| TOTAL CASH PAYMENTS FOR 1 RESEARCH PARTICIPANT: \$ - | | MAXIMUM CASH PAYMENTS: \$ - | | | | | |
| LIS VOUCHER PAYMENTS FOR 1 RESEARCH PARTICIPANT: \$ - | | MAXIMUM LIS VOUCHER PAYMENTS: \$ - | | | | | |
| - DEBIT CARD PAYMENTS FOR 1 RESEARCH PARTICIPANT: \$ - | | MAXIMUM HSC - DEBIT CARD PAYMENTS: \$ - | | | | | |
| DOLLAR VALUE FOR 1 RESEARCH PARTICIPANT: \$ - | | MAXIMUM DOLLAR VALUE: \$ - | | | | | |
| NUMBER OF GIFTS FOR 1 RESEARCH PARTICIPANT: _____ | | MAXIMUM NUMBER OF GIFTS: _____ | | | | | |
| NO. OF HSC - DEBIT CARDS FOR 1 RESEARCH PARTICIPANT: 1 | | MAXIMUM NUMBER OF HSC - DEBIT CARDS: _____ | | | | | |
| APPROVALS | | | | | | | |
| AUTHORIZED SIGNATORY ON _____ | | PRINTED NAME | | SIGNATURE | | DATE: _____ | |
| CUSTODIAN: _____ | | PRINTED NAME | | SIGNATURE | | DATE: _____ | |
| *Only required when total study payments exceed \$1,000 per subject per study. | | | | | | | |
| PI'S DEAN or DEAN's Designee: _____ | | NOT REQUIRED | | PRINTED NAME | | SIGNATURE | |
| *Only required with Fund Code in the Range of 41XXX-44XXX. | | | | | | | |
| Office of Sponsored Programs: _____ | | OSP Representative | | PRINTED NAME | | SIGNATURE | |
| CLINICAL TRIALS OFFICE: _____ | | CTO Representative | | PRINTED NAME | | SIGNATURE | |
| produced and retained by the Clinical Trials Office. Copies of this form will be provided to the PI, Custodian, Bursar's Office, and Office of Sponsor | | | | | | | |
| Clinical Trials Office UT Health Science Center at San Antonio | | Electronic Signatures are acceptable | | | | Version: 6.0 Version Date: Dec. 2016 | |

APPENDIX A. CTO Participant Payment Forms

4) Subject Payment Form

| SUBJECT PAYMENT FORM | |
|--|-------------|
| ¹ Payment Receipt Number: _____ / _____ / 001 <div style="display: flex; justify-content: space-around; font-size: small;"> Study's PGID # Custodian's Employee ID # Form Sequence # </div> | |
| Short Study Title: _____ | |
| IRB Number : _____ | |
| Principal Investigator: _____ | |
| Department: _____ | |
| Visit or Payment Event: _____ | |
| Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> HSC - Debit Card <input type="checkbox"/> Gift Item <input type="checkbox"/> Sponsor Debit Card <input type="checkbox"/> Sponsor Gift Card <input type="checkbox"/> Sponsor Gift | |
| Cash Value or Number of Gift Items: _____ | |
| Serial Number or Sequence Number of the HSC - Debit Card or Gift Item : _____ | |
| Name or Subject Study ID: _____ | |
| ² Vendor Number or Vendor/Payee Setup Form Attached: _____ | |
| Payee Signature: (the research participant) _____ | Date: _____ |
| Custodian or Payor Signature: (the person providing the payment) _____ | Date: _____ |
| 1. The Subject Payment Form number is assigned by the custodian. The elements of the 3 part number are the study's PGID number + Custodian's Employee ID Number + a sequence number for the form, i.e. 001, 002, 003, etc. 2. If payments to this study participant are greater than \$500 per calendar year a Vendor Number is required; if the subject is not a Vendor/Payee in PeopleSoft the person making the payment (the custodian or payor) must complete and attach a Vendor/Payee Setup Form. | |
| All Subject Payment Forms and required documentation must be retained by the Custodian. For cash payments the original is attached to the Petty Cash Reimbursement Request submitted to the Bursar's Office and a copy is retained by the Custodian. | |
| For Office Use Only The Custodian signature is required <u>only</u> if a Payor provided the payment. A Witness signature is required <u>only</u> if the Custodian provided the payment. | |
| Custodian Signature: _____ | Date: _____ |
| OR | |
| Witness Signature: _____ | Date: _____ |

APPENDIX B. – Bursar Forms

1) HSC-Debit Card Request Form

| HSC-Debit Card Request Form | | | | | | | |
|---|------|------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------|
| <p>"New - Card Requests" will require <u>HSC Debit Card Request Form</u> to be completed and submitted to the Bursars Office at: SAHCASHMGT@uthscsa.edu</p> <p>"Additional/Replacement - Card Requests" must be submitted to the Clinical Trials Office for approval, VPRCTO@uthscsa.edu.</p> <p>Please allow for a minimum of 24 hours for processing</p> | | | | | | | |
| STUDY INFORMATION | | | | | | | |
| IRB NUMBER: | | DEPARTMENT: | | | | | |
| PRINCIPAL INVESTIGATOR: | | PGID NUMBER: | | FUND CODE: | | | |
| MAX. # PARTICIPANTS FOR THIS STUDY: | - | CUSTODIAN: | | | | | |
| MAXIMUM (#) OF HSC - DEBIT CARDS: | - | CUSTODIAN EMPLOYEE ID: | | | | | |
| MAXIMUM (\$) VALUE ALL PARTICIPANTS: | \$ - | CUSTODIAN PHONE #: | | | | | |
| The Custodian is the only Authorized individual able to request and pick-up HSC-Debit cards from the Bursar's Office | | | | | | | |
| NEW - Card Requests | | | | | | | |
| Request # | Date | # of Cards Requested | Remaining Available | Total Cost of Cards | Requestor Name | Requestor Signature | Bursar/Cashier Initials |
| 1 | | | | \$ - | | | |
| 2 | | | | \$ - | | | |
| 3 | | | | \$ - | | | |
| 4 | | | | \$ - | | | |
| 5 | | | | \$ - | | | |
| 6 | | | | \$ - | | | |
| 7 | | | | \$ - | | | |
| 8 | | | | \$ - | | | |
| Totals: | | | - | \$ - | | | |
| ADDITIONAL/REPLACEMENT - Card Requests | | | | | | | |
| Request # | Date | # of Cards Requested | Total Cost of Cards | Requestor Name | Requestor Signature | CTO Approval | Bursar/Cashier Initials |
| 1 | | | \$ - | | | | |
| son for Replacement: | | | | | | | |
| 2 | | | \$ - | | | | |
| son for Replacement: | | | | | | | |
| 3 | | | \$ - | | | | |
| son for Replacement: | | | | | | | |
| 4 | | | \$ - | | | | |
| son for Replacement: | | | | | | | |
| Clinical Trials Office Version: 4.0 UT Health Science Center at San Antonio Version Date: Dec. 2016 | | | | | | | |

APPENDIX B. – Bursar Forms

2) Request Petty Cash Fund

TO: **MERCEDES GARCIA
BURSAR**

PLEASE COMPLETE THE FOLLOWING (PRINT OR TYPE):

PERSON REQUESTING FUND: _____

DEPARTMENT: _____

SUBJECT: REQUEST PETTY CASH FUND

CHECK ONE:

_____ PETTY CASH FOR DEPARTMENTAL CHANGE ORDER

_____ PETTY CASH FOR PATIENT PARTICIPANT REIMBURSEMENT

FOR THE AMOUNT OF: _____

TO BE DRAWN ON ACCOUNT#: _____ EXP DATE: _____

AUTHORIZED SIGNATURE ON ACCOUNT: _____

PRINTED NAME OF AUTHORIZED SIGNATURE: _____

REASON FOR ESTABLISHING THE FUND:

PROPOSED CUSTODIAN: _____

*CUSTODIAN'S TITLE: _____

*MUST PRESENT A VALID UTHSCSA FACULTY/STAFF PHOTO ID. _____

CUSTODIAN LOCATION/PHONE: _____

SEND COMPLETED FORM TO THE OFFICE OF THE BURSAR

| | |
|--------------------------------------|-----------------------------------|
| OFFICE OF ACCOUNTING/BURSAR USE ONLY | |
| DATE: _____ | FUND APPROVED: _____ signature |

| | |
|--------------------|--------------|
| CASHIER USE ONLY | |
| DATE CALLED: _____ | NOTES: _____ |

PLEASE BRING ORIGINAL AND 2 COPIES TO CASHIER'S WINDOW

REVISED 09/07 bb

FUND REQUEST.XLS

APPENDIX B. – Bursar Forms

3) Petty Cash Reimbursement Voucher

The University of Texas Health Science Center at San Antonio

PETTY CASH REIMBURSEMENT VOUCHER

Pay To: _____ Department: _____ Amount: \$ _____

| Account | Fund | Dept. ID | Sub-Class (Optional) | Project ID |
|---------|------|----------|-------------------------|------------|
| | | | | |

Description of Items Purchased:

Items were not purchased on campus, as instructed in section 6.4, policy 6.4.3 of the UTHSCSA Handbook of Operating Procedures because:

Purpose of Items Purchased:

I certify the attached receipts comply with rules & procedures for Petty Cash, in section 6.4, policy 6.4.3 of the Handbook of Operating Procedures.

 Payee's Signature Date: _____

 *
 Authorized Signature for Project ID * (Print or Type Name) Date: _____

 Witness (If Payee & Authorized Signature The Same) Date: _____

Bring Completed Form to Cashier's Window, Bursar's Office

White – Accounting/Bursar Blue – Department Copy Yellow – Department Copy

If completing on computer using template – Bring original and 2 copies to Cashier's Window

ACCT-PV – Revised 08/02/ Henckel cs #502917

F395-040-102

APPENDIX C. Accounting Forms

1) Vendor/Payee Set-Up Form-page 1



**Vendor / Payee Set-Up Form
(Substitute W-9)**

ATTENTION:

For Purchase Order Vendors – Please COMPLETE and EMAIL to PurchAdmin@uthscsa.edu or FAX to UTHSCSA Purchasing Office at (210) 562-6290. For questions, please CALL Purchasing Customer Service at (210) 562-6200 or Accounting at (210) 562-6230.

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the University of Texas Health Science Center at San Antonio, or may result in the Health Science Center having to deduct backup withholding amounts from its payments to you. Enter your TIN in the appropriate box.

| | | |
|---|----|---|
| Social Security Number _____ - _____ - _____ | OR | Employer Identification Number _____ - _____ |
|---|----|---|

COMPANY / CONTRACTOR NAME: _____

Check if Doing Business As (DBA) Name
 DBA Name: _____

Texas Certified Historically Underutilized Business (HUB) Vendor

PAYMENT ADDRESS INFORMATION:

Name To Make Payment To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Region/Province: _____ Country: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

PURCHASE ORDER ADDRESS INFORMATION:

Address: _____

City: _____ State: _____ Zip Code: _____

Region/Province: _____ Country: _____

Contact Name: _____ Title: _____


Phone: _____ Fax: _____ Email: _____

BUSINESS CLASSIFICATION (Check one of the following and provide related information):

| | |
|--|--|
| (S) <input type="checkbox"/> US Sole Proprietorship Owner Name _____ Owner SSN _____ (P) <input type="checkbox"/> US Partnership Partner 1 Name _____ Partner 1 SSN _____ Partner 2 Name _____ Partner 2 SSN _____ (T) <input type="checkbox"/> Texas Corporation Texas Corp. Charter No. _____ | (I) <input type="checkbox"/> Individual Recipient (not owning business) (O) <input type="checkbox"/> Out-Of-State Corporation (N) <input type="checkbox"/> Other US Domestic Entity (G) <input type="checkbox"/> Government Entity (A) <input type="checkbox"/> Professional Association (C) <input type="checkbox"/> Professional Corporation (R) <input type="checkbox"/> Foreign (non-US) Entity or Individual Without Taxpayer Identification Number (TIN) |
|--|--|

APPENDIX C. Accounting Forms

1) Vendor/Payee Set-Up Form-page 2

| | | |
|---|--------------|---------------------|
| <u>CERTIFICATION</u> | | |
| SUBSTITUTE IRS FORM W-9 CERTIFICATION | | |
| Under penalties of perjury, I certify that the above information is correct and that: | | |
| <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). | | |
| <i>Certification Instructions</i> – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. | | |
|  | | |
| | | |
| Signature of Vendor Representative | Date | |
| | | |
| Typed Name | Title | Phone Number |
| | | |
| NOTICE FOR REQUEST OF DISCLOSURE OF SOCIAL SECURITY NUMBER | | |
| Disclosure of your Social Security Number (“SSN”) is required of you in order for The University of Texas Health Science Center at San Antonio to comply with Section 6109 of the Internal Revenue Code, as mandated by Federal law. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law. | | |
| NOTICE ABOUT INFORMATION LAWS AND PRACTICES | | |
| With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the <i>Texas Government Code</i> , you are entitled to receive and review the information. Under Section 559.004 of the <i>Texas Government Code</i> , you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas Systems Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the <i>Texas Government Code</i>) and rules. Different types of information are kept for different periods of time. | | |
| You may send requests for information to: Andrea Marks, M.B.A., C.P.A., Vice President and Chief Financial Officer; Mail: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900 Email: marks@uthscsa.edu ; Phone: 210-567-7020; Fax: 210-567-7027; In person: Academic Administration Building (AAB), Room 426 | | |