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| **\*UTHSCSA IRB #:**  **(SECTION TO BE COMPLETED BY IRB STAFF)** |  |

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| **Section 1: Payment Schedule** | | | | | **N/A** |
| **Visit or Event Description** | **Method of Payment**  **\*Select from Dropdown\*** | | **Frequency of Payment**  **\*Select from Dropdown\*** | **MAX Amount per Occurrence** | |
|  | Select an item | | Select an item | **(USD)** | |
|  | Select an item | | Select an item | **(USD)** | |
|  | Select an item | | Select an item | **(USD)** | |
|  | Select an item | | Select an item | **(USD)** | |
|  | Select an item | | Select an item | **(USD)** | |
|  | Select an item | | Select an item | **(USD)** | |
|  | Select an item | | Select an item | **(USD)** | |
| **Total MAX Compensation per patient:** | | | | **(USD)** | |
| **Timing of Payment**  **\*Select from Dropdown\*** | | Select an item | | | |
| **Additional Comments** | |  | | | |

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| **Section 2: Additional Reimbursements**  (i.e., Airfare, Gifts, Lodging, Meals, Mileage, Parking, Taxi Voucher/Fare, etc.)  For “Additional Reimbursement” that is variable, please provide the Maximum amount per Occurrence. | | | | **N/A** |
| **Additional**  **Reimbursement Type** | **Method of Payment**  **\*Select from Dropdown\*** | **Frequency of Payment**  **\*Select from Dropdown\*** | **MAX Amount per Occurrence** | |
| Select an item | Select an item | Select an item | **(USD)** | |
| Select an item | Select an item | Select an item | **(USD)** | |
| Select an item | Select an item | Select an item | **(USD)** | |
| Select an item | Select an item | Select an item | **(USD)** | |
| Select an item | Select an item | Select an item | **(USD)** | |
| Select an item | Select an item | Select an item | **(USD)** | |
| **TOTAL MAX** Additional Reimbursement Amount, per/Subject: | | | **(USD)** | |

|  |  |
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| **Section 3: Additional Payment Milestones** | |
| **Will Subjects receive additional compensation for Unscheduled Visits?** | **Yes  No** |
| Compensation amount per Unscheduled Visit: | **(USD)** |
| **How will Subjects who do not complete their Visit be compensated?** | Select an item |
| **How will Subjects who do not complete the Study be compensated?** | Select an item |

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| **Section 4: Study Scope** | |
| **Will UTHSCSA funds be used to pay participants?**   * (UTHSCSA Funds is defined as any funds used from a “UTHSCSA Project Account,” or any funds that are planned to be deposited into a “UTHSCSA Project Account,” with the intent of paying participant payments.) | **Yes  No** |
| **Will UTHSCSA employees manage or handle the participant payments?** | **Yes  No** |