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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**  |