



SUBJECT PAYMENT REQUEST

Section A- Subject Questionnaire:

Is the Subject currently a VA employee? Yes No

If no, please skip and complete Section B.

If yes, please have the subject complete this section. Payment can be made only when both responses are "No".

a. The activities associated with this research study for which I am

volunteering as a study participant are unrelated to my official VA duties: Yes No

b. At the time of my volunteering as a study participant I was on off duty

status (annual leave or outside of normal VA duty hours). Yes No

Signature of Subject: _____

Date: _____

Section B - Subject Payment:

Date: _____ Check to: _____

Address: _____

Social Security #: ____--____--____

On _____ (date), subject participated in the following study/procedure:

Amount to be paid for Subject's participation:	\$ _____	G/L Acct.	8250
Additionally, if also provided for in the consent document:			
Roundtrip miles from/to subject's home _____ @ .545/mile	_____		8125
Other IRB approved payments	_____		
	Total Payment Amount	\$ _____	

Date check is needed by (if critical): _____

Please call _____ at extension _____ when check is ready for pickup.

Please mail to address above.

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PAVIR Investigator's Signature

PAVIR Account (10 Characters)

PAVIR office use only—Verification of consent form

Payment amount is correct

Phone: (650) 858-3970 · Fax: (650) 858-3907 · www.pavir.net