

## RESEARCH SUBJECT INITIAL PAYMENT REQUEST FORM

Please submit the completed form and approved IRB Informed Consent Form to [spa@bvvari.org](mailto:spa@bvvari.org).

**Principal Investigator** (*Last Name, First Name*)

**Email**

**Study Coordinator** (*Last Name, First Name*)

**Email**

**BVARI Account Number**

**Study Title** (*as shown on IRB Informed Consent Form*)

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**Anticipated Study Start Date:**

**Subject Payment Plan** (*as specified in the agreement*)

- Total Amount Anticipated Per Subject:**
- Estimated # of Subjects:**
- Total Anticipated Payments:**

**Form of Payment :**

**Amount of Initial Request for Cash or Check:**

*(Note: One month is recommended. Allow additional \$25 if requesting a checking account to accommodate the required bank account balance.)*

**# of Requested Cards:**

**Amount of Card Balance** (*initial for ClinCards*):

**Initial Balance:**

**Principal Investigator**

**BVARI Sponsored Programs Administration**