



ClinCard New Study Registration

Please email completed form to: Lydia Zantout at lxz327@miami.edu. 305-284-3953.
or: RA Participant Payments at participantpayments@miami.edu.

TODAY'S DATE:			
Requestor Information			
Name			
Title			
Department			
Phone No.		UM Email	
For card delivery: Building & Room # + Locator Code			
Study Details			
Study Name (complete name)			
Study Nickname / Acronym – 1-2 words			
Study Start Date		Study End Date	
Estimated date of recruitment of first participant			
Total # Participants		# Cards (participants) for first 2 months	
Study Sponsor(s)			
IRB # / eProst #		Workday Award # AWD-	
PI Name			
PI email			
Primary Contact for questions or ClinCard related concerns:			
Primary Study Contact Name			
Primary Study Contact email & Phone #			
Cost Center Sponsored Program Manager (CCSPM) Name			
CCSPM email			
CCSPM Signature			
<i>Signature is to acknowledge Worktags</i>			
Card Request Details			
Workday Driver Worktag - Participant Payments & Transaction Fees			
Workday Driver Worktag - Blank Cards:			
Must be a dept./other worktag if the study worktag is classified Federal in WD			
Workday Driver Department Backup Worktag - in case of issues			
Participant Payments are billed to		8255: Other Expenses: SC08751 Research Participants Payments, SC08750 Research Participants Transportation, SC08749 Research Participant Meals, SC08752 Research Participant Incidentals	
Blank Cards and Load fees are billed to		8730: Other Fees for Service: SC08811 Other Outside Services	
ClinCard Portal Access Options			
User type	Description of Access in ClinCard Portal	Authorized Staff (Users)	
Coordinator	Register/Edit participants, issue/load ClinCard, set appointments.	Selected by study site	
Reports Viewer	Able to view study-specific reports: payments by study or participant.	Selected by study site	
Approver	Approve payments requiring approval: miscellaneous or travel related.	ORA only	
Administrator	Add/edit studies, add/modify payment schedules, create/edit users, assign user roles. Approvals & Voids. The company removes users.	ORA only	

Desired System Access

Site Coordinator	Minimum one person. Recommended as few as feasible.
Reports Viewer	No minimum number. Recommended one person. Can be the same as Site Coordinator.
Approver	ORA is the current approver.

Name:		Coordinator <input type="checkbox"/>
Title:		
UM Email:	Phone #:	Reports <input type="checkbox"/> Approver <input type="checkbox"/>
Name:		Coordinator <input type="checkbox"/>
Title:		
UM Email:	Phone #:	Reports <input type="checkbox"/> Approver <input type="checkbox"/>
Name:		Coordinator <input type="checkbox"/>
Title:		
UM Email:	Phone #:	Reports <input type="checkbox"/> Approver <input type="checkbox"/>
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Title:		
UM Email:	Phone #:	Reports <input type="checkbox"/> Approver <input type="checkbox"/>
Name:		Coordinator <input type="checkbox"/>
Title:		
UM Email:	Phone #:	Reports <input type="checkbox"/> Approver <input type="checkbox"/>
Name:		Coordinator <input type="checkbox"/>
Title:		
UM Email:	Phone #:	Reports <input type="checkbox"/> Approver <input type="checkbox"/>

Payment Schedule – Please be detailed and enter all planned payments
Should be consistent with the ICF.

Payment Name:							
Amount:	\$	\$	\$	\$	\$	\$	\$
Payment Name:							
Amount:	\$	\$	\$	\$	\$	\$	\$
Payment Name:							
Amount:	\$	\$	\$	\$	\$	\$	\$
Payment Name:							
Amount:	\$	\$	\$	\$	\$	\$	\$
Payment Name:							
Amount:	\$	\$	\$	\$	\$	\$	\$