



## OFFICE OF RESEARCH ADMINISTRATION

## ClinCard New Study Registration

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

<b>TODAY'S DATE:</b>			
<b>Requestor Information</b>			
<b>Name</b>			
<b>Title</b>			
<b>Department</b>			
<b>Phone No.</b>		<b>UM Email</b>	
<b>For card delivery: Building &amp; Room # + Locator Code</b>			
<b>Study Details</b>			
<b>Study Name (complete name)</b>			
<b>Study Nickname / Acronym – 1-2 words</b>			
<b>Study Start Date</b>		<b>Study End Date</b>	
<b>Estimated date of recruitment of first participant</b>			
<b>Total # Participants</b>		<b># Cards (participants) for first 2 months</b>	
<b>Study Sponsor(s)</b>			
<b>IRB # / eProst #</b>	<b>IBIS#</b>	<b>Workday Award #</b>	
<b>PI Name</b>			
<b>PI email</b>			
Primary Contact for questions or ClinCard related concerns:			
<b>Primary Study Contact Name</b>			
<b>Primary Study Contact email &amp; Phone #</b>			
<b>Cost Center Sponsored Program Manager (CCSPM) Name</b>			
<b>CCSPM email</b>			
<b>CCSPM Signature</b> <i>Signature is to acknowledge Worktags</i>			
<b>Card Request Details</b>			
<b>Workday Driver Worktag - Participant Payments &amp; Transaction Fees</b>			
<b>Workday Driver Worktag - Blank Cards:</b> <i>Must be a dept./other worktag if the study worktag is classified Federal in WD</i>			
<b>Workday Driver Department Backup Worktag - in case of issues</b>			
<b>Participant Payments are billed to</b>	8255: Other Expenses: SC08751 Research Participants Payments, SC08750 Research Participants Transportation, SC08749 Research Participant Meals, SC08752 Research Participant Incidentals		
<b>Blank Cards and Transaction Fees</b>	8730: Other Fees for Service: SC08811 Other Outside Services		
<b>ClinCard Portal Access Options</b>			
<b>User type</b>	<b>Description of Access in ClinCard Portal</b>	<b>Authorized Staff (Users)</b>	
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:						Reports <input type="checkbox"/>	
UM Email:				Phone #:		Approver <input type="checkbox"/>	
Name:						Coordinator <input type="checkbox"/>	
Title:						Reports <input type="checkbox"/>	
UM Email:				Phone #:		Approver <input type="checkbox"/>	
Name:						Coordinator <input type="checkbox"/>	
Title:						Reports <input type="checkbox"/>	
UM Email:				Phone #:		Approver <input type="checkbox"/>	
Name:						Coordinator <input type="checkbox"/>	
Title:						Reports <input type="checkbox"/>	
UM Email:				Phone #:		Approver <input type="checkbox"/>	
Name:						Coordinator <input type="checkbox"/>	
Title:						Reports <input type="checkbox"/>	
UM Email:				Phone #:		Approver <input type="checkbox"/>	
Name:						Coordinator <input type="checkbox"/>	
Title:						Reports <input type="checkbox"/>	
UM Email:				Phone #:		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:	\$	\$	\$	\$	\$	\$	\$