

Section A- Subject Questionnaire:

Is the Subject currently a VA employee? Yes No
 If no, proceed to Section B.

If yes, please have the subject complete this section.
 Payment can be made only when both responses are "Yes".

- | | | |
|--|------------------------------|-----------------------------|
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| b. At the time of my volunteering as a study participant I was on off duty status (outside of normal VA duty hours): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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 _____ @ .655/mile	\$ _____	8125
Other IRB approved payments	\$ _____	
Total Payment Amount	\$ _____	

Date check is needed by (if critical): _____

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

Please mail to address above.

ACH Payment, contact me for bank information.

PAVIR Investigator's Signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> PAVIR Account (10 Characters)											

Please send completed form to Invoices@pavir.org

PAVIR office use only – verification of consent form: Payment amount is correct