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Participant ID: \_\_\_\_\_

Study Name:

UC IRB Protocol Number:

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**Acknowledgement of receipt of ClinCard:**

This is to acknowledge receipt of a reloadable debit card for participation in the above-mentioned study conducted by the Department of \_\_\_\_\_  
(Research Department Name)

\_\_\_\_\_  
Received by (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name (or participant number)

\_\_\_\_\_  
Witness (Study Coordinator / Employee Registering the Participant)

**Greenphire ClinCard System:**

Token Number # (From ClinCard Window Envelope):

If you opt-in to receive email and/or text messaging, you will be notified when funds are applied to the card. You may also receive messages to remind you about upcoming appointments and other study information.

Are you interested in receiving text messages?

If yes, please list phone number: \_\_\_\_\_

*Note: text message charges may apply.*

Are you interested in receiving emails?

If yes, please list email address: \_\_\_\_\_

**INACTIVITY FEE:** A monthly fee will be deducted from the card balance if the card is inactive for six months. (The monthly fee is currently \$4.50.)