

Participant Number:

Visit Number:

Study Title:

Protocol Number:

Acknowledgement of receipt:

This is to acknowledge receipt of _____ for participation in the
(Dollar Amount)

above-mentioned study conducted by the Department of _____
(research department)

Received by (signature)

Date

Print name (or participant number)

Witness

Greenphire ClinCard System:

Debit Card #:

Are you interested in receiving text messages about your account?

If yes, please list phone number: _____

Note: text message charges may apply.

Are you interested in receiving emails about your account?

If yes, please list email address: _____