

PAYMENT REQUEST FOR STUDY PARTICIPANTS (Subsequent Request)

DATE:

TO: BRINM

REQUESTED BY:

BRINM Project #:

Requested Amount: \$

Participant:

A consent form for this participant is on file for participation in HRRC#:

Study Coordinator:

It is understood that VA employees <u>are prohibited</u> from participating for pay as human research participants in any VA approved research project conducted <u>on duty</u> per Albuquerque VAMC Professional Services Memorandum #151-5, dated March 29, 2005, participant: Obtaining Informed Consent for Human Participation in VA Approved Research Projects, paragraph 3b. VA employees may participate for pay after duty hours only.

Investigator Signature

BRINM Account

Transferred to Card on _____

BRINM Authorization