

ClinCards: New Study Details

Abbreviated Study Name:	DRI Project #:	DRI Project #:		
Full Study Name & Description:				
Sponsor (if applicable):	Principal Inves	tigator:		
Payment Description:	Payment Amou	Payment Amount:		
Approximate number of cards needed to last four weeks:				
Please list all individuals needing	access to ClinCard	ds/Greenphire		
First & Last Name		Work Email		
ClinCard distribution is monitored by DRI staff. Each ca coordinator making the request. The individual who picks up until they have been distributed to the study participan accessed by the pre-approx	the cards from the c. ClinCards should	e DRI office is responsi be kept in a secure loc	ible for those card	
By signing this form, the requestor acknowledges that Cli outlined in the study's I	· · · · · · · · · · · · · · · · · · ·		with the details	
Signature of Authorized Study Coordinator		Date		
Send completed form and copy of the study ICI	to Accounts.Payal	ole@dri-va.org for pro	cessing.	