

Human Subject Incentive Certification Form

Instructions:

- Upon distribution of human subject incentives valued less than \$200 (either monetary payments or gifts) to legal U.S. residents, study administrators should retain a record of the human subjects' names, addresses, \$ value of incentive, and when possible, the human subjects' signatures evidencing receipt.
- Optionally, administrators may complete and retain this form as evidence of incentive distribution.

Note: Any monetary incentive paid to non-resident aliens of any amount, and all monetary incentives of \$200 or more, must be initiated via a Non-PO Payment Request in the Expense Requests system payable directly to the human subject.

Certification:

We attest the funds were used to purchase non-cash incentives or to distribute monetary incentives valued less than \$200 for participants in the

Study (Name or Protocol ID#):

These incentives are described as follows:

We attest that the incentives were distributed only to eligible Human Subjects. Proper documentation supporting the controls used in distribution of these Human Subject incentives are available and can be produced if requested. The cost of these incentives is allocable to the PTA to which they were charged.

If it was not possible to collect all required supporting information (human subject name, address, and signature), we further attest that funds associated with **Expense Requests Transaction #** were used for the business purpose stated.

Attesting Signatures:

Study Administrator - individual financially responsible for the Human Subject incentives or advance.

Attesting Second Party - individual who confirms the number of incentives or gift certificates received and used by Study Administrator. This individual cannot report to the Study Administrator but can be another staff person in the department.

Department Administrator - individual who confirms that documentation is on file and available if requested. This individual may also be the Attesting Second Party.

Study Administrator Signature: _____

Date:

Name:

Title:

Attesting Second Party Signature: _____

Date:

Name:

Title:

Dept. Administrator Signature: _____

Date:

Name:

Title: