

RESEARCH PARTICIPANT PAYMENT EXCEPTION

Purpose: To document the approval of an exception situation with regards to participant documentation requirements for research studies

Instruction: Read Payments to Research Participants Guidelines before completing this form

Study Name: _____

IRB Number: _____ **Department Name:** _____

Department Contact Name: _____ **Phone #:** _____

PRINCIPAL INVESTIGATOR'S STATEMENT

I am the Principal Investigator for this project and I have read and understand the requirements of the guidelines to Payments to Human Participants in Research and agree to abide by them. This project involves research participants who must remain anonymous for their health and safety. I understand that I am solely responsible for ensuring that records are properly established and retained in accordance with the guidelines. I further understand that there may be personal financial liability related to my receiving money from the University if proper records of those payments are not maintained.

Printed name of Principal Investigator

Signature of Principal Investigator

Date

DEPARTMENT HEAD'S STATEMENT

I am the Department Head for the project. I have read and understand the requirements of the guidelines to Payments to Human Participants in Research and agree to abide by them. I concur with the Principal Investigator's assessment for the need to keep participant identities anonymous. I realize that my budget may be liable for all resulting tax assessments, penalties, and interest from future examinations of cash, gift card and/or prepaid payments made to research participants in the project.

Printed name of Department Head

Signature of Department Head

Date

CONTROLLER'S OFFICE APPROVAL

Approved

Declined

Reason (if decline):

Controller's Office Signature

Date