

UAB Greenphire ClinCard Application Instructions

The application that follows is intended to be used to request the set-up of a new study into the UAB Greenphire ClinCard system. It should be completed only once for each study and is **not** to be completed when requesting actual card disbursement.

Study Name: This is the full title of the study (up to 250 characters).

IRB Number: The number assigned to your study by the Institutional Review Board. ***Note: While studies that have not yet received IRB approval can be set up in the UAB Greenphire ClinCard system, this does not indicate IRB approval of this study. Departments should follow applicable regulations and guidelines regarding studies involving humans (www.uab.edu/irb).***

Acct Number: This is the GL or GA account string in Oracle that will be used to charge the ClinCards to your study. ***Note: If the account number you provide becomes unusable for any reason and you have not provided us with a replacement account number, the Voluntary Cost Sharing account for your organization may be charged for cards you distribute.***

PI Name: The name of the principal investigator of this study

Study's Organization Code: This is the 9-digit Oracle organization code assigned to the UAB organization which is home to the study.

ClinCards needed for study: This is the total number of cards that will be needed for the duration of the study. This number is to assist UAB in maintaining an adequate number of ClinCards in inventory at all times. ***Note: This form is not a request for cards and no cards will be sent to you based on the number you put in this application.***

Study Start Date and Study End Date: Self-explanatory

Study Sponsor: The name of the entity sponsoring the study (Pfizer, NHLBI, UAB, etc.)

PI Signature and Date: Once the application is completed electronically, you must print it out to obtain the PI's signature. Current UAB policy does not allow for electronic signatures. ***PI should note the certification statement at the bottom of the first page of the application before signing and dating this application. It is possible that your department may require further approvals, please contact your departmental administrator to verify.***

Accountant Signature and Date: The appropriate central accountant will review the application and then sign and date the form.

Study Staff and Responsibilities: You should list the names, e-mail addresses, and phone numbers of the staff members you want to have access to the UAB Greenphire ClinCard system. In addition, you must indicate the type of access you want them to have by placing an X in the appropriate box(es).

Study Coordinator – Study Coordinators will have access to the ALL STUDY - UAB along with their designated study(ies). They will be responsible for registering subjects in the UAB Greenphire ClinCard system as well as submitting payments to the subjects. Site Coordinators should not have payment approval capabilities.

Approver – This staff member can approve payments to the subjects as submitted by the Study Coordinators. Approvers should not have subject registration and subject payment request capabilities.

Reports – Staff members with report capability will be able to review reports within the Greenphire system that provide data only for their designated study(ies). Both Site Coordinators and Approvers may be given the Reports responsibility. In addition, you may have staff members that only want to see reports and that will not register subjects or approve payments.

Please note that staff who enter subject payments cannot also approve subject payments. In other words, you must have at least two staff members listed, one who can request payments to subjects/patients and one who can approve those requests. Please note that access to information in the UAB Greenphire ClinCard system will be based on study, not on organization.

Study Payment Schedule: What follows is a listing of all payments within the study. There are 52 study payments available on this application form. If your study has more than 52 scheduled payments, please attach extra pages as needed. Each visit/milestone should be given a separate name (i.e. Visit1, Survey Completion, Intake, Field Visit, Follow-Up 1, Follow-Up 2, Follow-Up 3, etc.) and a dollar amount. Please note that each payment listed will only be available to each patient/subject in the study one time. In other words, if your study requires 6 follow-up visits you will need to list all six separately, with different names. If you have the possibility of manual or unscheduled payments, you will need to list those, as well, with a dollar amount.

WHAT'S NEXT?

Once you have completed this application you should print it out, have the PI sign and date it, and scan and e-mail it to Grants Accounting at FA-grantsaccting@mail.ad.uab.edu with **GREENPHIRE – New Application** in the subject line. **Note: It is possible that your department may require further approvals, please contact your departmental administrator to verify.**

If you need to make any changes to the information you provided in this form (study staff, schedule payments, etc.), please send an e-mail to FA-grantsaccting@mail.ad.uab.edu with **GREENPHIRE** in the subject line. In the body of the e-mail, include the study alias and IRB number and any changes needed.

To request ClinCards, send an e-mail to FA-grantsaccting@mail.ad.uab.edu with **GREENPHIRE – Cards Needed** in the subject line. In the body of the e-mail, include the 9-digit org code of the study and the number of cards needed. We recommend that you keep no more than one-month's supply on hand.

UAB Greenphire ClinCard New Study Application

Study Name (lim to 250 characters): _____

IRB Number: _____ Acct Number: _____

PI Name: _____ Study's Organization Code: _____

ClinCards needed for study: _____ Projected Study End Date: _____

Study Sponsor: _____

PI's Signature: _____ Date: _____

Accountant Signature: _____ Date: _____

Study Staff and Responsibilities					
Name	E-mail	Phone	Study Coord	Approver	Reports



By signing, I certify that I and my staff shall comply with the terms and conditions of this Agreement and with all of the provisions of the University Expenditure Guidelines, which are incorporated herein by reference. I/we have read, understand, and become familiar with all of its terms and provisions. I/we shall protect and properly use ClinCards solely and exclusively for authorized University business purposes in accordance with the University policies and the laws of the State of Alabama.

I/we agree that we cannot, and promise that we shall not, use cards for personal purposes whatsoever for myself or any other person.

Study Payment Schedule (Examples: Visit 1, Initial Screening, V4, Interview, etc.)

Description: _____ Amount: _____

Study Payment Schedule (Examples: Visit 1, Initial Screening, V4, Interview, etc.). Complete this page only if you have more than 13 scheduled study payments.

Description: _____ Amount: _____

Study Payment Schedule (Examples: Visit 1, Initial Screening, V4, Interview, etc.). Complete this page only if you have more than 26 scheduled study payments.

Description: _____ Amount: _____

Study Payment Schedule (Examples: Visit 1, Initial Screening, V4, Interview, etc.). Complete this page only if you have more than 39 scheduled study payments.

Description: _____ Amount: _____

Description: _____ Amount: _____