

ClinCard Request Form

Joint Clinical Trials Office (JCTO)

1300 York Avenue, Box 305, New York, NY 10065
 Tel: 646-962-8215 Email: ClinCard@med.cornell.edu

Date:

Please complete one request form per study and submit to: ClinCard@med.cornell.edu

Requester (Name)			
Requester (Title)			
Department & Division			
Phone		Email	
Study Sponsor (Funding Source)			
Study Title			
Study IRB#		Study Fund SAP# (clinical research) or WBS# (grant/foundation)	
Dept. Financial Contact(s) for study	Name and CWID		
Principal Investigator		PI's WCMC/NYP email	
Number of ClinCards requested <i>for this study</i>			
<i>Estimated</i> total stipend amount per subject per calendar year	USD (\$)		

Signature of Requester: _____

FOR JCTO USE ONLY
 Serial numbers:

Cards received by (Name and Signature)

Date received