

## 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](mailto:ClinCard@med.cornell.edu)

Date:

Please complete one request form per study and submit to: [ClinCard@med.cornell.edu](mailto: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>			
<u>Estimated</u> 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