

**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)**

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

**Signature of Requester:** \_\_\_\_\_

**FOR JCTO USE ONLY**  
 Serial numbers:

**Cards received by (Name and Signature)**

**Date received**