



RESEARCH SUBJECT

CERTIFICATION OF PARTICIPATION

DATE _____ CHR APPROVAL # _____

NAME _____ SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ CALIFORNIA RESIDENT? _____ NO _____ YES

IF ALIEN, COUNTRY OF RESIDENCE _____

ARE YOU A UNIVERSITY OF CALIFORNIA EMPLOYEE? _____ NO _____ YES**

** _____ YES, I CERTIFY THAT NO UNIVERSITY PAID TIME WAS USED FOR THIS PROJECT.

I UNDERSTAND THAT I WILL RECEIVE A CHECK FROM THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO IN THE AMOUNT OF \$ _____ FOR MY PARTICIPATION IN THE ABOVE REFERENCED PROJECT. THE CHECK WILL BE SENT BY MAIL TO MY HOME ADDRESS.

Signature of Participant

ALTERNATE

CERTIFICATION

TO BE USED WHEN OBTAINING SUBJECT SIGNATURE WOULD BE INAPPROPRIATE:

I CERTIFY THAT THE ABOVE NAMED RESEARCH SUBJECT PARTICIPATED IN THE REFERENCED PROJECT AND IS DUE PAYMENT OF \$ _____. A CHECK WILL BE ISSUED AND MAILED TO THE SUBJECTS HOME ADDRESS.

Signature of Principal Investigator or Co-Principal Investigator

Signature of Research Assistant

INSTRUCTIONS:

Research subjects should be asked to complete this form for each study related visit. This form certifies participation and the \$ amount the subject expects to receive for their participation at the visit. Attach this form as back up to the Check Request (Form 5) to document the payment request.