

Prior to first participant request on a new study please submit the following forms to admin@cvre.org:

- *Authorization for Use and Release of Individually Identifiable Health Information Collected for VHA Research*
- *Research Consent Form*

Research Participant Form Instructions:

Enter Participant Name and address

Fund Acct # & Name: Enter CVRE fund account number and fund short name

Participation:

- Outline the visit details for the stipend: Visit number, date, visit type and/or description.
- Enter the number of visits and cost for each visit.
- The form will automatically calculate the cost extension and Subtotal.

Travel:

- Outline the visit details for the travel reimbursement: Visit number, date, visit type and/or description.
- Total Miles (R/T): Enter the number of private car miles (round trip) to be reimbursed and the form will calculate the dollar amount by multiplying the number of miles by the current mileage reimbursement rate.
- The form will automatically calculate the cost extension and Subtotal.
- Attach an internet map (Yahoo, Google) showing miles traveled.

Other:

- Outline the details for the miscellaneous items to be reimbursed: Visit number, date, visit type and/or description.
- Attach original documentation for reimbursement i.e. parking receipts.

Is expenditure in accordance with study approved budget justification?:

- check the box "Yes" or "No"

Requestor & PI Signature & Date: Sign and date form

Submit form to ap@cvre.org ensuring email is **encrypted**.