

**ClinCard USER & ACCESS REQUEST FORM**  
**Research Information Systems**

Date:

**ClinCard Role/Access Type\*:** ☐ New User ☐ Edit Existing User ☐ Replace User

Study Team:

Name:

Position:

Dept./Section:

Building:

**Please provide your BMC username. If you do not have a BMC username, please contact BMC IT @ 617-414-4500 to request your BMC login credentials:**

BMC Username:

BMC Email:

Role:

- ☐ Site Coordinator  
☐ Approver

Display Phone #:

\* All users will be able to view applicable reports and, unless otherwise indicated, will be granted access to all studies of the approving PI

Note: If you are not the PI, please send completed form with the PI in cc to Clinical Trial Office (CTO@bmc.org) requesting PI approval via email.

Research Operations:

- ☐ Financial Analyst [Maintains  
Study] Super User  
☐ Research Information Systems [Maintains study role.]

**I attest that I have attended the required ClinCard Training, and I understand that I am required to read a copy of [Research Participant Payment Policy](#), and I agree to comply with the Program Policies as stated below:**

- ☐ I understand that the ClinCard is only to be used for BMC research participant compensation.  
☐ I understand separate from the program, a detailed study log of actual events and associated payments is required to be maintained within the department in order to meet the required quarterly reconciliation and certification.  
☐ I understand, that at this time, ClinCards is a service for BMC studies only.  
☐ I understand the Clinical Trial Office (CTO) will build all payment schedules in the ClinCard system as part of the study setup, based off of the final approved budget.  
☐ I understand all card loads will post to the Human Subject line item (540709-54523) on the BMC Activity# listed for the study/protocol.  
☐ I understand moving ClinCard transactions via journal entry should be a rare occurrence due to the pre-built payment amounts and multiple reviews/approvals prior to releasing funds to the card, and any request must be fully explained.  
☐ I confirm that if requesting the "Approver" role, I am not subordinate to the individual fulfilling the "Site Coordinator" role, and I am not also fulfilling the "Site Coordinator" role in ClinCard.  
☐ Unless otherwise indicated, user will be granted access to all studies of the approving PI

Print Name & Title

Date

**OFFICE USE ONLY:**

- ☐ Notified ClinCard of User Request  
☐ Provided guidance, documents, and videos on navigating the system  
☐ Attestation Completed  
☐ If replacing, delete existing user and confirm study assignment and system roles  
☐ Request BMC IT to add or delete user from ClinCard Network User Group (or ClinCard Network AP Group)