

**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 to PI with cc to Research systems (RIS@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

<p><b>OFFICE USE ONLY:</b></p> <p><input type="checkbox"/> Notified ClinCard of User Request</p> <p><input type="checkbox"/> Provided guidance, documents, and videos on navigating the system</p> <p><input type="checkbox"/> Attestation Completed</p> <p><input type="checkbox"/> If replacing, delete existing user and confirm study assignment and system roles</p> <p><input type="checkbox"/> Request BMC IT to add or delete user from ClinCard Network User Group (or ClinCard Network AP Group)</p>
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