

FORM 8-1: SUNY RF Payment Consent Waiver

(Version 07.15.2021)

Instructions: 1) Open form in Adobe Reader. 2) Use Fill & Sign tool to complete. 3) Confirm any preformatted fields are correct. 4) Save file. 5) Submit completed form to IRB.

Note: Free Adobe Reader available at: www.adobe.com

Investigators must obtain the “SUNY RF Payment Consent” addendum form, when providing research participants RF payment(s) of either 1) \$600 or more per calendar year OR 2) more than \$100 per study visit.

Note: SUNY RF treats travel reimbursement as compensation to research participants and is included in the calculation of thresholds noted above. Receipts are not necessary because the RF treats all travel reimbursement as compensation.

Use this waiver to request an exception for the use of the “SUNY RF Payment Consent” when all of the following are true: 1) total payments are less than \$600 per calendar year, AND 2) giving indirect payments (e.g., cash funds, gift card, pre-paid cards), AND 3) giving more than a \$100 per study visit.

The request must meet all of the following criteria:

- 1) Use of indirect payment method (e.g., cash funds, gift card, pre-paid cards),
- 2) Total payments are less than \$600/calendar year,
- 3) There may be a concern with capturing citizenship status or taxpayer identity information from some research participants,
- 4) The PI provides the justification or rationale for the waiver (below),
- 5) The PI (or designate) tracks all participant payments with a payment log, which is made available for RF audit at any time, AND
- 6) The RF Operations Manager (OM) approves this request (below).

Processing:

- 1) Complete this form and obtain RF OM approval. Include RF Award #, if known.
- 2) RF OM provides signed copy to PI/Project Director and Director of Sponsored Programs.
- 3) PI submits approved form to IRB.
- 4) PI/Project Manager amends award #, if provided after IRB approval.

Study title:

Location/Department:

Principal Investigator:

Sponsor (if applicable):

Rationale for Waiver:

Check this box, if requesting any payments to a parent/legal guardian of child participant.

Principal Investigator Signature:

RF Award # (if known):

Project Director (or designate) Signature:

RF Operations Manager (or designate) Approval: