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| --- | --- |
| **Study Title:** | |
| **IRB#:** | **Principal Investigator:** |
| **Study Site:** | **Sponsor:** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Participant ID** | **Visit Date** | **Payment Amount** | **Payment Type** | **Payer Signature** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *Note: This log serves as documentation of compensation to participants according to the IRB-approved informed consent. Please keep a receipt of each payment with the participant’s signature. Changes to payment type/amount require IRB approval.* | |