

CLINICAL TRIALS – GIFT CARD REQUEST FOR PATIENTS

Revised October 1, 2024

I. To be filled out by Study Team:

PI: _____ Division: _____ Department Code: _____

IRB Number: _____ IRB Expiration Date (if applicable): _____

Department Information

Authorized Personnel Contact Information:

(Authorized Personnel: Study Team member that is designated to coordinate gift card delivery)

University ID (UID): _____

Name: _____

UCLA Email Address: _____

Phone Number: _____

Authorized Personnel Contact Information: (if applicable, can designate up to 2 Authorized Personnel)

University ID (UID): _____

Name: _____

UCLA Email Address: _____

Phone Number: _____

Delivery Information

Location	<input type="checkbox"/> On-Campus building <input type="checkbox"/> Off-Campus location
Address	Building Name _____ Street Address _____ _____ _____ _____

Order Information

Vendor	
Denomination (amount of gift card)	\$
Count (# of gift cards)	
Additional Information	
Safe Information (for requests over \$1,000)	Serial Number: _____ Type of Safe: _____
Study Team Signature: _____	

II. To be filled out by Research Administrator:

Department Information	
Research Administrator (Finance) Contact Information:	
University ID (UID): _____	
Name: _____	
UCLA Email Address: _____	
Phone Number: _____	
Principal Investigator Contact Information:	
University ID (UID): _____	
Name: _____	
UCLA Email Address: _____	
Phone Number: _____	
Additional Information	
FAU for Disbursement	
FAU for Armored Courier (Brink's Fee)	
Research Administrator Signature: _____	