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**Research Investigator Certification of Participant Payments**

I, the undersigned, certify the following:

Each research participant who received payment was appropriately paid according to the protocol approved by the IRB, and signed a Research Participant Receipt Form (including payee’s name and other personally identifiable information) which is filed securely in [­­­­­­­­­location]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and documented in the Research Participant Payment log.

All personally identifiable data of research participants obtained or acquired by [name of principal investigator], or members of his/her research team, during the course of the study under IRB Protocol [unique IRB Protocol #] has been coded or de-identified. Personal identifiers will not be made available to individuals within the University or to individuals outside of the University, with the exception of the following circumstances:

* Court subpoena;
* Federal, state, or sponsor audit;
* A research participant’s total disbursements in a calendar year equal or exceed $600.

Any breach or suspected breach of data confidentiality will be reported immediately to the Institutional Review Board (IRB) using the IRB Unanticipated Problems Reporting Form.

If a research participant’s total disbursements from Stockton equal or exceed $600 in one calendar year, a completed IRS W-9 form will be obtained from the participant prior to the disbursement that exceeds $600 for the sole purpose of issuing an IRS 1099, Miscellaneous Income form, from Stockton University.  The Accounts Payable Office on behalf of the university will disburse the 1099 form to the recipient and electronically file with the Internal Revenue Service in accordance with Federal Law.

The following details pertain to the disbursements paid to research participants from petty cash funds or gift cards and should be replenished from [fund number/ orgn number/]:

Total number of research participants paid: \_\_\_\_\_\_

Fee paid to each research participant: \_\_\_\_\_\_

Total amount of research participant fees paid: \_\_\_\_\_\_

Date(s) of study for which research participants were paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of secure, locked file in which participants’ documents are kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name