



DUKE UNIVERSITY & DUKE UNIVERSITY HEALTH SYSTEM



PERSONAL DATA DISCLOSURE FORM FOR RESEARCH PARTICIPANTS

IRB Registry #: _____ Cost Object/ Fund Code #: _____

Compensation for participation in research (such as cash, check, or gift card) is considered taxable income to the research subject and Duke University is required in many cases to report this information to the Internal Revenue Service (IRS).

Non-employees

Research subject compensation to a non-employee of Duke University which exceeds \$600 during any calendar year will result in a 1099 (Miscellaneous Income) form being issued to the individual and a copy sent to the IRS.

For minors or any aged subject: If subject is not working/not reporting his/her own taxes, then Personal Data Disclosure Form For Research Participants needs to reflect parent/legal guardian signature & parent/legal guardian Social Security Number.

Employees

Research subject compensation made to a Duke University employee at any time during the calendar year will result in a 1099 (Miscellaneous Income) form being issued to the employee and a copy sent to the IRS regardless of the total amount paid. *A Duke Unique ID Number written below, without Social Security Number, is sufficient for processing payments to employees.*

"I have agreed to be a subject in a research study conducted by [insert PI's name] with the IRB Registry # above. I understand that taking part in this study entitles me to receive the compensation described in the research consent form. It was explained to me that Duke University requires that I provide my name, mailing address, and social security number, as listed below, for Duke University Financial Services tax reporting purposes before compensation can be issued to me. I realize that if I do not provide this information I will not be compensated. I also understand that if I decide not to provide the requested information and I waive my right to compensation, I can still take part in the research study."

Signature of Subject or Parent/Legal Guardian

Date of Signature

Printed Name of Subject

Telephone visit In-person visit

Subject's Mailing Address (Please Print)

Duke University Research Personnel Attestation :

The individual listed above is eligible for compensation as a result of participation in a Duke Health research study. If the payment type is denoted as "check" below, please issue and mail a check to the person named above at the address listed above. By signing this document, I verify that the person named above is participating, or has participated, in the research study cited above and is entitled to this compensation.

Signature of Research Personnel

Date of Signature

Printed Name of Research Personnel

Specify Payment Type (Check, Gift Card, Cash, Other)

List Visit Detail and \$ Amount and/or Reimbursement

Participant's Subject ID#

Subject's Duke Unique ID Number if a Duke Employee: _____

Subject's Social Security Number: _____ - _____ - _____

If you do not want to provide your social security number, write your initials here _____. You can still take part in the research study as described in the consent form document, but you will not be compensated for your participation.