

Saint Louis University Participant Payment Exception Request

Use this form to request an exception to the SLU Policy on Participant Payments within Research and/or Sponsored Activities. Completed forms can be emailed to slucard@slu.edu

| | |
|-------------------------|------------------------|
| Principal Investigator: | Phone: |
| Department: | E-Mail: |
| Contact Person: | Phone: |
| | E-Mail: |
| Project Title: | |
| IRB # (if applicable): | eRS # (if applicable): |

1. Select the exception to the policy you are requesting.

- Exception to the collection of names, addresses or social security numbers
- Exception to payment method
- Other, please describe:

2. What type of payment process do you propose using in place of the policy requirement?

3. What are the unique study population or design characteristics that justify an exception to the policy?

Signature of Principal Investigator

Date

- Approved
 - Denied

Signature

Date