1. PURPOSE: To establish a procedure for payment to research subjects.

2. POLICY: Payment of subjects must be a part of the Institutional Review Board (IRB) approved protocol and included in the IRB-approved informed consent form.

3. DEFINITIONS:

   a. Form 1358- Subject payment log
   
   b. Form 10-7078- “Authorization and Invoice for Medical and Hospital Services” is to be used to generate actual payment.

4. RESPONSIBILITIES: List responsibilities of individuals

   a. The Principle Investigator (PI) will assure that IRB approval has been granted prior to initiating subject participation payments.

   b. The PI or designee will maintain a record of subject payments and assure adequate money is allotted to cover these payments.

   c. The Administrative Officer (AO) or designee will set up payment accounts with Fiscal Service and approve all Form 7078’s prior to submission to Fiscal Service.

5. PROCEDURE:

   a. The amount, method and frequency of human subject volunteer payments are authorized by the IRB.

   b. PI or designee will work with the AO or designee to set up estimated quarterly expenditure.

   c. The AO or designee will initiate the official obligation by submitting an electronic 1358 to Fiscal Service. It is important to be aware of the VA fiscal year.

   (1) The VA fiscal year is October 1, through September 30.

   (2) The fiscal year is divided into four quarters

      (a) October 1- December 31
(b) January 1- March 31
(c) April 1- June 30
(d) July 1- September 30

d. Fiscal Service will assign the Obligation Number.

(1) An obligation will be set up for a period of months until the end of the fiscal year. After all expected activity has been completed, any balance remaining will be closed out within 30 days following the end of the fiscal year. Decreases will be initiated and approved by the using service to the Finance Activity.

(2) The obligation number i.e. DX6---, expires at the end of the fiscal year and cannot be used after September 30. A new 1358 must be generated through Fiscal Service and will have a new designation, i.e. DX6---. This is done by the AO, or designee, after communication from the study PI or designee.

e. Once an obligation number is assigned the AO or designee, will generate VA Form 4-1358 (See Appendix A). This form will be kept by the study PI or designee and used as the subject payment log. The study PI or designee must advise the AO when the obligation needs to be increased and by how much.

f. Once the obligation number has been assigned, actual payments can be made by generating VA Form 10-7078 (see Appendix B). The Study PI or designee generates this form.

(1) The AO or designee must sign the form in two places using a pen other than black ink.

(2) The subject can be paid in one of two ways- either by receiving cash or requesting payment by check.

(a) CASH: To receive cash, the subject must take the original signed 10-7078 form and a picture ID to the Agent Cashier. The cash limit is $500.

(b) CHECK: To receive a check, the statement “Please Pay by Check” must be replaced in the body of the 10-7078 form (Box 6). The AO will sign the form and forward it to Fiscal Service for payment, which may take two weeks.

(c) A copy of the form should be given to the subject.

(d) If Volunteer subject payments exceed $600 per year, they are considered taxable income. Fiscal Service provides a list of payees and payments to the IRS.

6. REFERENCE: VHA Handbook 1200.05

7. RECESSION: July 5, 2015

8. FOLLOW UP RESPONSIBILITY: Quality Improvement Program Coordinator
<table>
<thead>
<tr>
<th>Date</th>
<th>Initials</th>
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<th>Estimated Obligation</th>
</tr>
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<tbody>
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<td>4/1/12</td>
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<td>1500 00</td>
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<table>
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<th>Reference #</th>
<th>Description</th>
<th>Authorization &amp; Order Record</th>
<th>Liquidation</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td>Individual or Daily</td>
<td>Cumulative</td>
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<td>Individual or Daily</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Unliquidated balance</td>
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</tbody>
</table>

**Total obligation $**
**1A. DATE OF ISSUE**
04/25/12

**1B. ISSUING OFFICE**
VA Medical Center
10701 East Boulevard
Cleveland, OH 44106

**1C DATE OF ISSUE (Month, day, year)**

**1D. VETERAN’S NAME (First, middle initial, last)**

**2. NAME OF PHYSICIAN OR FACILITY**

**3. VETERAN’S CLAIM NUMBER**
C-

**4. SOCIAL SECURITY NUMBER**

**5. AUTHORIZATION VALID FROM TO**
4/01/12 9/30/12

**PART I - SERVICES AUTHORIZED**

**5A. SERVICES SHOWN BELOW ARE AUTHORIZED FOR THE PERIOD INDICATED IN ITEM 5 ABOVE.**

(See special provisions on the back of this form)

**7. FEE**


**7A. FEE SCHEDULE OR CONTRACT**
541-D2XXXX

**7B. AUTHORITY**
Title 38 USC

**7C. AUTHORIZED BY (Name and Title)**
HOLLY B. HENRY, Administrative Officer/Research

**8. FEE SCHEDULE OR CONTRACT**

**9. AUTHORITY**

**9A.** Title 38 USC

**9B.**

**10. ESTIMATED AMOUNT**

**11. FISCAL SYMBOLS**
362/10161.001

**12. AUTHORIZED BY (Name and Title)**

**13. DATE(S) OF SERVICE**

**14. DESCRIPTION OF SERVICE (If services furnished are identical to those authorized, enter the remark “As Authorized Above” in this column. Otherwise, itemize services.)**

**As Authorized Above**

**15. FEE CLAIMED**

**15A. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER**

**16. BILLING DATE**

**17. TOTAL CLAIMED**

**PART III - FOR VA USE ONLY**

**ADMINISTRATIVE CERTIFICATION**

Payment of this will not cause payee to exceed maximum amount allowed. Services have been furnished as authorized or medically approved except as stated below.

**SIGNATURE AND TITLE**
HOLLY B. HENRY, Administrative Officer/Research

**DATE**

**PART IV - ACCOUNTING BLOCK**

**1ST SA**

**2ND SA**

**DATE/INITIALS**