Appendix

Project and Study Set up Forms
**WePay™ Project Set-Up Form for Administrators** – maintain with your project administration records

<table>
<thead>
<tr>
<th>New Project (complete all information)</th>
<th>Existing Project (complete the General Information Section and only the other specific information which should be updated in the WePay™ system)</th>
</tr>
</thead>
</table>

**Date of Request:**

**Name of Person Completing this Form:**

### General Information (do not include any information related to the medical condition being studied, investigational drug/device name, etc.)

<table>
<thead>
<tr>
<th>Project Number: (ex. RO1 #, sponsor assigned protocol number, etc)</th>
<th>Project Name:</th>
</tr>
</thead>
</table>

### Project Information

<table>
<thead>
<tr>
<th>Contracting Organization (UPMC or Pitt):</th>
<th>Contracting Office or School (For example: CHP Research Administration, Magee-Womens Research Institute &amp; Foundation, UPMC Office of Contracts and Grants, UPMC Clinical Trials Office, School of Medicine, Nursing):</th>
<th>Department:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Funding Source (NIH, government, foundation, industry, internal, sub-contract)</th>
<th>Division:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Start Date (mm/dd/yyyy):</th>
<th>Project End Date (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Principal Investigator:</th>
<th>Principal Investigator’s E-mail address:</th>
</tr>
</thead>
</table>

### Financial Considerations

<table>
<thead>
<tr>
<th>Total Dollar Amount for Studies (See note 1. below):</th>
<th>Alert Level (%) (See note 2. below):</th>
</tr>
</thead>
</table>

### GL Coding (account number only) see notes 3 & 4

<table>
<thead>
<tr>
<th>Subject payments</th>
<th>PeopleSoft Project Code (6 digits)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expense reimbursement</th>
<th>PeopleSoft Fund Code (3 digits)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cards costs, load costs</th>
<th>Suspense account</th>
</tr>
</thead>
</table>

**Notes:**

1. Maximum amount paid out to all participants for incentive compensation and expense reimbursement across all studies under this project.
2. An e-mail alert will be sent to all personnel when the total of the incentive payment and expense reimbursement remaining in the project drop below the level established here.
3. UPMC projects require Business Unit, Account Number, Department Number and Product Code (UPP only). For example: xxxxx xxxxxx xxxxx ----- 4. Pitt projects require Entity, Department, Subcode, Purpose, Project, and Reference. For example: xx-xxxxx-xxxx-xxxxx-xxxxx-xxxxx

11/11/13
WePay™ Study Set-Up Form for Administrator or Business Office Manager

Attach a copy of the IRB approved informed consent form for the UPMC or University of Pittsburgh site and maintain with your study administration records.

<table>
<thead>
<tr>
<th>New Study (complete all information)</th>
<th>Existing Study (complete the General Study Information and only the other specific information which should be updated in the WePay™ system)</th>
</tr>
</thead>
</table>

Date of Request:       Name of Person Completing this Form:

**General Study Information (do not include any information related to the medical condition being studied, investigational drug/device name, etc.)**

<table>
<thead>
<tr>
<th>Study Number:</th>
<th>Study Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Number:</td>
<td>Project Name:</td>
</tr>
</tbody>
</table>

**Study Specific Information**

<table>
<thead>
<tr>
<th>Study Start Date (mm/dd/yyyy):</th>
<th>IRB Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRB of Record:</td>
<td></td>
</tr>
<tr>
<td>IRB Start Date (mm/dd/yyyy):</td>
<td>IRB End Date (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

**Payment Limits- see notes below**

<table>
<thead>
<tr>
<th>TYPE OF PAYMENT</th>
<th>Dollar Limit/Load</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Participation Payment¹:</td>
<td></td>
</tr>
<tr>
<td>Expense Reimbursement²:</td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT CONTROLS**

| Maximum Amount per Day Paid from this Study by One User: | |
|----------------------------------------------------------| |
| Maximum Amount Paid to One Subject for Entire Study: | |

¹ Subject participation payment refers to payments made to research subjects for their time and, in some instances, for the inconvenience of a procedure. All compensation is taxable income to the participant regardless of the amount. If a participant receives $600 or more in a calendar year from one organization, that organization is required by law to file IRS Form 1099 – Miscellaneous and provide a copy to the taxpayer.

² Expense reimbursements refer to payments made to research subjects to repay them for expenses such as parking, transportation or meals. Reimbursement payments are not taxable income to the participant.

**Notes:**

Subject Participation Payment – the amount placed here is the maximum incentive compensation that will be permitted to be loaded on a card for one study visit. This amount is taxable income; 1099-reportable.

Expense Reimbursement – the amount placed here is the maximum expense reimbursement that will be permitted to be loaded on a card for one study visit (e.g., bus fare, parking fee reimbursement, meals, etc.) This amount is not taxable.

Maximum Amount per Day Paid from this Study by One User – a Study Coordinator (SC) or Study Aide (SA) will not be able to pay more than this amount from this study to all of their participants during a single day.

Maximum Amount Paid to One Subject for Entire Study – payments to an individual participant will be limited to this amount over the life of the study.

11/11/13
Training and Access Instructions for the WePay™ Card Payment System

Training for the WePay™ card payment system is a 90 minute Online Learning program, comprised of two modules that, when completed, cover all of the topics necessary to initiate the new WePay™ user into the proper use of the system. Please note: no one will be approved for WePay™ access until training is completed.

The process of registering for the training and requesting access to the WePay™ system is as follows:

- Send all documentation to the University’s Office of Finance (send pdf to Lori Doran ldoran@cfo.pitt.edu, or hard copy to 2409CL)
  - Complete the WePay™ User Creation Request form and be sure to include your signature and your departmental business officer or department head’s signature
    http://www.cfo.pitt.edu/wepay/docs/WePay™UserForm_rev-GJC2013-06-12.docx
  - Complete and sign the Confidentiality Agreement
    http://www.cfo.pitt.edu/wepay/docs/confidentialityagreement2003_revised.pdf
  - Copy of Pitt or UPMC ID
- Registration will be finalized and instructions for access to the training site will be provided by the University’s Financial Information Systems group. Your access to the course link will remain active for 30 days.
- Potential users complete the Online Learning and the Office of Finance is notified when that is accomplished
- University of Pittsburgh employees: WePay™ documentation is input to the UPMC identity management system requesting access to the UPMC network. You will be notified when your access has been finalized.
- UPMC employees: Request access to the WePay™ system through your IMS manager or UPP administrator as you would for any UPMC application.
- Undergraduate students are not permitted access to the WePay™ system.
WePay™ User Creation Request Form (all information must be typed)

☐ Create New WePay™ User with the role as indicated below:

<table>
<thead>
<tr>
<th>Enters Project and Study into System</th>
<th>Makes Payments</th>
<th>Specialty Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ADM (Administrator)</td>
<td>☐ SC (Study Coordinator)</td>
<td>☐ AUD (Auditor)</td>
</tr>
<tr>
<td>☐ BOM (Business Office Manager)</td>
<td>☐ SA (Study Aide)</td>
<td>☐ CM (Card Manager)</td>
</tr>
</tbody>
</table>

☐ Terminate WePay™ User

Once this form has been completed, approved by the Department and any other necessary internal authorizers, e-mail a signed PDF as per the WePay™ access instructions. For University employees certain WePay™ roles must then be further authorized by the General Accounting Department.

Full Legal Name (first, middle, last):

UPMC NT Login ID: [Note:]

Employer/Organization: ☐ UPMC ☐ Pitt

Responsibility Center

E-mail Address:

Office Phone Number:

Business Address Line 1:

Business Address Line 2:

City:

State:

Zip Code:

Country:

WePay™ Access Request and Acknowledgement

By my signature below, I assert that I will require access to the WePay™ system for the creation of projects and the linkage of administrative staff, or to make payments through WePay™. I agree to grant access to WePay™ Projects and Studies only to those UPMC or the University of Pittsburgh employees who have demonstrated a need for access to the WePay™ system and to remove access for those employees upon completion of their WePay™ activities. I agree to adhere to all UPMC Information Technology (IT) and WePay™ policies, training, and procedure requirements. In the event that I should come into contact with any individual’s protected health information (PHI), I agree to maintain the confidentiality of such information. I agree to safeguard any WePay™ cards in my possession. I agree to use the WePay™ system only for approved uses and will not use the WePay™ system for my own personal use. I understand that any improper use of the WePay™ system may result in disciplinary action including termination of employment.

Signature and Date

Please attach a copy of your Pitt or UPMC ID

As an authorized signer for the department indicated below, I hereby authorize the WePay™ database administrator to add the individual named above to (or delete from) the WePay™ database of authorized users to provide ongoing administration for projects within this department. I will be responsible for taking the appropriate change action if the user has a change in employment status.

Authorized Signer for Department

Name (printed)

Title

Department

Signature and Date

The undersigned is an authorized signer for the General Accounting department and hereby verifies that the individual named above may be added to (or deleted from) the WePay™ database of authorized users.

Internal Use Only

Signature and Date

Name (printed)

Title

Department

Note: If the user does not have a UPMC NT login ID, please complete and include a UPMC Confidentiality Agreement and a copy of your ID card with this form as per the WePay™ access instructions. If a UPMC E-Sign-On Identity must be created for you within the UPMC Information Management System (IMS), you will be asked for your social security number, driver’s license number, date of birth, or other identifying information.

Revised November 2013
UNIVERSITY OF PITTSBURGH MEDICAL CENTER
CONFIDENTIALITY AGREEMENT

All information concerning confidential staff, business and patient Protected Health Information ("Confidential Information") is privileged and is to be held in the strictest confidence. It is the responsibility of the undersigned to safeguard confidential information against access, disclosure, loss, tampering, or use by unauthorized persons. If the undersigned accesses or discloses confidential information, he/she will be subject to corrective action, up to and including termination of employment or service.

By my signature below I certify that I understand and agree to the following:

1. My account name and password are the equivalent of my signature. I am responsible for all entries of data, information, and orders that I record into a computer system using my account name(s)/password(s). I will not disclose my password to anyone or allow others to use my account. I will not attempt to learn another person's account name/password and I will not attempt to access information by using an account name other than my own.

2. If I have reason to believe that the confidentiality of my password has been compromised I will immediately change my password. The Information Services Division's (ISD) Help Desk can be contacted at 647-HELP if I require assistance. I will immediately report any known or suspected breach of the confidentiality of the system or records/data obtained from it to the ISD Help Desk.

3. I will not leave a computer terminal, which I have logged into, unattended. It is my responsibility to lock my terminal or log out of the computer terminal. The only exception to this policy is responding to medical emergencies.

4. If I have been granted access to clinical systems, I will retrieve or attempt to retrieve from the computer system only medical data that is directly related to the treatment of patients to whom I have a clinical relationship or those patients for whom I have been asked to provide a consultation or for approved educational or research purposes.

5. I agree to maintain the confidentiality of all such patient and/or fiscal data. If I have been granted access to financial data, I will access fiscal data only as required by my employment or medical staff responsibilities or for approved educational or research purposes.

6. I understand that the law requires patient identifiable health information confidentiality, and that there are statutes specifically mandating the confidentiality of, among other areas, mental health, HIV, and drug and alcohol-related treatment records. I further understand that the UPMC has incorporated the requirements of such statutes into its UPMC Policies. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in corrective action including termination of access to the system or appropriate corrective action measures up to and including termination of my employment with the UPMC. Use of the information contained in any electronic medical records system for research purposes must be approved in advance by the Institutional Review Board (IRB) sanctioned by the UPMC entity where the research is being performed. I understand that the UPMC maintains an audit trail of accesses to all patient identifiable health information that records the user, date, and patient identification of all accesses to electronic medical records. This audit trail may be reviewed at any time.

7. I understand that any oral communications regarding sensitive patient, business, staff member, or research information must be conducted discreetly. I will avoid discussions involving sensitive information in elevators, hallways, buses, lunchrooms, and other areas where individuals not directly involved can overhear me.

8. I understand that confidential information should not be conveyed to individuals outside the organization, including family or associates, or even to other UPMC staff members.

9. It is my responsibility to be familiar with and abide by all applicable UPMC Policies and Procedures.

I understand that violation of this agreement will result in appropriate corrective action up to and including discharge.

Print Name

Please Do Not Enter Information
Your Social Security # / Visa # / Passport

Signature

Date