

Attachment G: Record of Test Subject Participation

Human Subject Support for the Division of Safety Research (DSR)

Account Number: _____

Subject Name:	Can#:
Date:	
Protocol Number:	

Testing Session Experiment	Start Time	End Time	Total time (hours) Note: round up to 20- minute increments	Reimbursement (\$30/hour)
Study 1				
Study 2				

Total Due: _____

Participant Signature/ Date

Name and Address
