



Thank you for participating in critical research to advance the understanding of Alport syndrome.

All participants in the Natural History Study are entitled to travel stipends between \$25 to \$150 per study visit, based on the type of visit. Consult with your study site coordinator to confirm payment amount per visit and how funds will be provided.

We understand some participants may need to travel a long distance to participate in this valuable research project. To help offset more burdensome travel or other associated participation expenses, Alport Syndrome Foundation (ASF) is also offering additional, optional stipends for participation in the Natural History Study in Alport Syndrome up to \$350 per participant, per in-person visit.

Participants requesting these additional stipends are required to complete and submit the travel stipend form on pages 2 and 3 of this document for each study visit, and provide receipts for costs incurred to participate, such as air travel/hotel/food. As a non-profit organization with tax and audit accountability controls in place, ASF requires receipts for all potential stipend support. Stipend payment will be sent by check within 30 days of receiving the completed stipend travel form and copies of applicable receipts. Email all required documentation to info@alportsyndrome.org.

Expenses that meet the criteria for optional stipends:

- Lodging, meals, and travel (airline, ground transportation [train/bus/car service], gas mileage), for participants in the study only. Travel companions not participating in the Natural History Study are not eligible for stipends.

Questions: info@alportsyndrome.org

Alport Syndrome Natural History Study
NEPTUNE TRAVEL STIPEND FORM
Electronic Submission Only to info@alportsyndrome.org
(Send Receipts as .PDF, .JPEG, or PNG files)

Form must be completed and submitted with all receipts within 30 days of each study site visit.

Name of participant: _____

(Type or print legibly)

Home Address: _____

Cell Phone: _____ Email: _____

Name of Clinical Study Site: _____

Address of Clinical Study Site: _____

Date of Study Appointment: _____

Check which in-person study appointment this was for:

Year 1: 1st visit _____ 2nd visit _____ 3rd visit _____ 4th visit _____ Other _____

Year 2: 1st visit _____ 2nd visit _____ Other _____

Year 3: 1st visit _____ 3rd visit _____ Other _____

Name of Nephrologist Seen by Individual at Study Site: _____

Distance traveled in miles between home and site*: _____
(*to be completed by ASF staff using Google Maps between home address and NEPTUNE study site)

Total Stipend Amount \$ _____

(form continued on next page)

Check made payable to:

Participant Name (Type or print legibly)

If mailing address is different than home address, please provide the full mailing address:

(Please type or print legibly)

(NEPTUNE Participant Signature)

(Date)

Please don't forget to also attach .PDF, .JPEG, or .PNG copies of receipts.

Multiple receipts can be included on a page as long as they are readable.

Thank you.