

HMS Research Collaborator Harvard Sponsored Role (HSR) Intake Form (formerly Research Collaborator Person of Interest (POI))

This form is required to onboard or update a Research Collaborator HSR at HMS. The HMS HSR Sponsor or Sponsor Delegate must complete the form accurately to reflect the nature of the collaboration. The Research Collaborator HSR and the Sponsor or Sponsor Delegate must sign this form before the HSR is approved in the HSR Portal.

This form is being completed to: Request a new HSR Update/extension of current HSR

RESEARCH COLLABORATOR INFORMATION:

Collaborator's Last Name _____

Collaborator's First Name _____

Collaborator's Email _____

Collaborator's Phone Number _____

Collaborator's DOB (format MM/DD/YYYY) _____

Has the collaborator held a prior role with Harvard before?

Yes No Unknown (for example, employee, student, collaborator)

If Yes, provide Harvard ID (HUID) number (if known) _____

If Yes, list previously used names (if known) _____

Collaborator's Emergency Contact Name _____

Collaborator's Emergency Contact Phone _____

PROJECT/COLLABORATION INFORMATION

Collaboration Period Start Date _____

Collaboration Period End Date _____ (Research Collaborator HSRs are authorized for a maximum of one year, renewable upon review.)

HMS Sponsoring PI Name _____

HMS Sponsoring PI Email _____

(Research Collaborator HSRs must be sponsored by an HMS faculty appointed within a pre-clinical department).

Additional Routing:

Collaborators abroad: If the Research Collaborator HSR is located outside of the US for any part of their collaborative time, the HSR Sponsor or Sponsor Delegate must separately send this form to international_collaborations@hms.harvard.edu for an Export Control review or attach documentation that such a review has already been completed.

SCOPE OF WORK: Check the research activities collaborator will participate in and indicate whether those activities will be occurring onsite or offsite at HMS:

Activities	Onsite	Offsite	N/A
Design or perform experiments/collect data or samples/create research materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample or data analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manuscript drafting, writing, or editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training lab members on techniques and methods (Collaborators may not supervise, direct, or be responsible for any other individual in the lab).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESEARCH COLLABORATOR SYSTEMS AND SPACE ACCESS:**Indicate the HMS or Harvard systems and spaces that the Collaborator needs to****access:** (Note: Only give access to the files, space or systems necessary to complete the described collaboration. Library access must be requested separately: <https://countway.harvard.edu/about/who-can-use-countway>.)

- Lab or Departmental Server (list) _____
- HMS-IT Systems (e.g. O2, RedCap, DropBox) _____
- Lab or Department Space Access (specify rooms/building) _____
- Research Cores (list) _____
- Other (describe) _____
- Departing HMS Researcher Only – Maintain all current access (HMS email should only be extended to departing researchers if there is a compelling business need to communicate as a representative of HMS during their HSR collaboration period. Departing researchers are not allowed to retain HMS email indefinitely and should plan to transition to a non-HMS email service as quickly as possible.)

RESEARCH COLLABORATOR HOME INSTITUTION:**Provide information about the Research Collaborator’s Home Institution and supervisor:**

Collaborator is currently employed or appointed full-time by _____
 (Home Institution) in the position of _____ and has been employed or
 appointed by the Home Institution in this capacity since _____ (date).

(HSR roles may not be used in place of formal employment or an appointment at HMS and therefore Research Collaborators are expected to have paid employment or an appointment outside of HMS. Consult with the HMS HSR Support Team at HMSHSR@hms.harvard.edu if a Collaborator does not have outside appointment or employment.)

Home Institution Supervisor or Dept. Chair Name _____
Home Institution Supervisor or Dept. Chair Email _____
Home Institution Supervisor or Dept. Chair Phone _____

Does the Sponsoring PI have a financial or outside interest (co-founder or equity) in the Collaborator’s employer? Yes No (If Yes, consult with the Office for Academic and Research Integrity

[Outside Activities Team](#) before the HSR is approved.)

Administrative Requirements:

- After this information is collected, contact your Department Administrator. This form should be uploaded into the University [HSR Portal](#) as part of a HSR request and saved in the local department’s file.
- [Confirm that an existing, up-to-date electronic version of the Participation Agreement](#) for the Research Collaborator is on file with Harvard, or collect the appropriate [Visitor Participation Agreement](#) (select based on the collaborator’s employer type) and upload the signed agreement into the HSR portal. Visitor Participation Agreements should not be collected for individuals who have signed the current Harvard Participation Agreement.
- Collect the Harvard [Acknowledgement of Risk and Release of Claims](#) form and upload signed form into the HSR portal for any Research Collaborator HSR who will physically be accessing HMS or Harvard Space. (Not required for HMS Hospital Affiliate Employees).

Reminders:

- The Research Collaborator HSR role is not intended for individuals who are performing work for HMS/Harvard or are earning academic credit through HMS/Harvard or their Home Institution.
- Collaborators are strongly encouraged to notify their current employer that they are collaborating with Harvard/HMS and to ensure they are following all rules, policies and requirements of their current employer or visa.
- Sponsors are accountable for the appropriate use of Harvard services, systems, and facilities.
- Research Collaborators must comply with all HMS and Harvard policies including, but not limited to HMS's [Research Policies](#), [Integrity in Science Policies](#) and [Other Policies](#) applicable to participation in research or presence on the HMS or Harvard campus.
- Access the Harvard University [HSR Policy here](#).

Research Collaborator Notice – Nature of Relationship to Harvard/HMS:

The Research Collaborator will at no time be considered an employee, agent, or appointee of HMS or Harvard, nor represent her/himself as such, and is expected to remain an employee, agent or appointee of their Home Institution during the collaboration period. The Collaborator will not receive any wages or benefits from HMS or Harvard during the collaboration period or as a result of any work performed as part of this collaboration. The Collaborator understands that s/he has not been offered employment at HMS or Harvard and that the Collaborator will depart HMS and Harvard at the conclusion of the collaboration period. It is anticipated by all parties that the Collaborator will continue his/her employment or appointment at the Home Institution at the conclusion of the collaboration period, unless the Collaborator or the Home Institution terminates the employment or appointment relationship. In the event the Collaborator's employment or appointment at the Home Institution is terminated during the collaboration period, the Collaborator will immediately notify the HMS and/or Harvard HSR Sponsor and/or Collaborating PI. During the collaboration period, the Collaborator will comply with all HMS and Harvard University policies and procedures. Failure to comply with HMS and Harvard policies can result in termination of access for the Collaborator. The Collaborator is responsible for ensuring that their employer is aware of this collaboration and that their visa status, if applicable permits collaboration with Harvard.

Signature of Research Collaborator HSR

Signature of HSR Sponsor or HSR Sponsor Delegate

Date _____

Date _____