

# HMS Research Collaborator POI Intake Form

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

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

## 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 (for example, employee, student, collaborator) with Harvard before?  Yes  No  Unknown  
If Yes, provide Harvard ID (HUID) number, if known \_\_\_\_\_  
If Yes, list previously used names \_\_\_\_\_  
Collaborator's Emergency Contact Name \_\_\_\_\_  
Collaborator's Emergency Contact Phone \_\_\_\_\_

## PROJECT/COLLABORATION INFORMATION

Collaboration Period Start Date \_\_\_\_\_  
Collaboration Period End Date (or estimate) \_\_\_\_\_ (Note: POI research Collaborators are authorized for a maximum of one year and may be renewed upon review.)  
HMS Sponsoring PI Name \_\_\_\_\_  
HMS Sponsoring PI Email \_\_\_\_\_  
(Research Collaborator POIs must be sponsored by an HMS faculty appointed within a pre-clinical department. If a Research Collaborator POI requires sponsorship by someone other than a pre-clinical faculty member, please contact [HMSPOI@hms.harvard.edu](mailto:HMSPOI@hms.harvard.edu) to discuss).

### Export Control Reviews:

**Collaborators abroad:** If the Research Collaborator POI is located outside of the US for any part of their collaborative time, the POI Sponsor or Sponsor Delegate must separately send this form to [international\\_collaborations@hms.harvard.edu](mailto:international_collaborations@hms.harvard.edu) for an Export Control Review. If the ICA questions in GMAS have already been updated to reflect the addition of a collaborator working abroad, you do not need to send this form to request an Export Control review.

### Grant Disclosure Reviews:

**Foreign Collaborators on grants:** If a foreign-based Research Collaborator POI is contributing towards a funded grant, POI Sponsor or Sponsor Delegate must separately send this form to [international\\_collaborations@hms.harvard.edu](mailto:international_collaborations@hms.harvard.edu) to assess grant disclosure requirements. If the ICA questions in GMAS have been updated to reflect the addition of a Foreign Collaborator, you do not need to also send the form to [international\\_collaborations@hms.harvard.edu](mailto:international_collaborations@hms.harvard.edu).

**Domestic Collaborators on grants:** If a domestic-based Research Collaborator POI is contributing towards a funded grant, POI Sponsor or Sponsor Delegate must separately send this form to [international\\_collaborations@hms.harvard.edu](mailto:international_collaborations@hms.harvard.edu) to assess grant disclosure requirements.

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

Activities	Onsite/at HMS	Offsite/ Remote	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 <i>(Collaborators may not supervise, direct, or be responsible for any other individual in the lab).</i>	<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) \_\_\_\_\_
- For Departing 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 POI 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). *(POI 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 POI Support Team at  
[HMSPOI@hms.harvard.edu](mailto:HMSPOI@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 POI is approved.)*

**Administrative Requirements:**

- After this information is collected, contact your Department Administrator. This form should be uploaded into the [POI portal](#) as part of a POI 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 POI 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 POI portal for any Research Collaborator POI who will physically be accessing HMS or Harvard Space. (Not required for HMS Hospital Affiliate Employees).

**Reminders:**

- The Research Collaborator POI 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.
- The Harvard POI Policy can be accessed at: <https://huit.harvard.edu/poi-policy>

**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 POI 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 POI**

**Signature of POI Sponsor or POI Sponsor Delegate**

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_