



	No Exte	ension of existing Collaborator	🗌 Yes 🗌 No 🛛 Visiti	ng Scientist	? 🗌 Yes 🗌 No
Termination date: Does another agreement exist? [Yes		s, what type?	Is Collaborator fro	om Industry	? Yes No
Deer the Decearch being performed	i.e,Consul	ltant; subcontract; DUA; MTA			
Does the Research being performed		2		Yes	∐ No
Is data being provided by BIDMC to		ution or received by BIDMC for a	a research project?	Yes	
Private Healthcare Information Acce	ess Needed:			Yes	No No
If YES, Please provide IRE	3 Protocol Nun	nber:			
Collaborator Name:					
Collaborator Home I	nstitution:				
Collaborator E-Mail:					
Sponsoring Investiga	ator:				
		(this may be the name of the Investigate BIDMC Investigator or the employee of			
BIDMC Principal Inve	estigator:				
BIDMC R&AA Contac	.t:				
Period of Project:	Start:		End:		
Statement of Work (Please provide a clear de	escription of the	work the collaborator will be doing	and why ITS access is nee	eded):	
Approval Signature					
	nployee termina rs are approved le Employment F ee to Collabora	l for a one year period and must l <i>form</i> . See below for further instruc- tor, or for a new collaborator, an	<i>ions until further notice.</i> erting to collaborator sta be re-approved on an ar ctions.	nual basis.	pleted and submitted.

8) IP/Visiting Scientist: If response is positive JS will notify the Technology Ventures Office (TVO)

NOTE: Please send <u>Collaborator Form, Universal Clearance Form (if applicable)</u>, <u>Attestation of Outside Employment Form</u> & <u>ITS Form</u> (if applicable) and **IRB protocol approval** (if applicable) to Jennifer Sabbagh until further notice. She will sign Collaborator Form and ITS Form, and store all forms with the Privacy Office.