Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Attestation of Outside Support

In consideration of the opportunity to do research at BIDMC and to have access to certain of BIDMC's facilities and systems for such purpose, I hereby acknowledge, agree, and attest to the following:

I have disclosed to BIDMC in the applicable portion of the Appendix to this form all sources of my financial and "in kind" support while I will be engaged in research activities at BIDMC and that all research I do at BIDMC is on BIDMC's behalf. I understand that BIDMC owns all of the research results that I generate while I am doing research at and on behalf of BIDMC and that I may only use results as permitted by the Principal Investigator with whom I am working at BIDMC. I further understand that I am not allowed to remove biological or other research materials or research results from BIDMC unless I am specifically permitted to do so in a writing signed by an authorized representative of BIDMC.

I understand that while I am engaged in research activities at and on behalf of BIDMC that I am obligated to follow all BIDMC policies relevant to my research activities, which include policies on confidentiality and non-disclosure of BIDMC's research results and other information, and ownership of intellectual property. I acknowledge and agree that I will sign any documentation that BIDMC reasonably requires to fulfill my obligations under the relevant policies.

If I participate in any research at BIDMC that is funded by any third-party, including government agencies, foundations, and companies, I acknowledge and agree that I am also bound by all policies, procedures and regulations imposed by that third-party as a condition of research funding.

I do not have any agreements either in writing or verbally with any of my sources of financial support or any other individuals, institutions or companies that would conflict with my obligations to BIDMC while I am doing research at BIDMC. I have not and do not intend to participate in any talent or recruitment programs.

Agreed and attested to this on:

_____ _____

Signature Print Name

Acknowledged by Principal Investigator:

_____ _____

Signature Print Name

APPENDIX to Attestation of Outside Support

If the Sponsored Research Fellow, Visiting Scientist, Research Fellow Intern, Students or Other Scientists not paid by BIDMC requires a visa, please complete Part A below and also state whether or not you are currently employed. If no visa is required, please complete Part B below.

Part A

Listed below are the sources of my financial and "in kind" support I disclosed in conjunction with my visa application and any and all additional sources of such support:

Are you currently employed? ☐ Yes ☐ No

If so, will you remain employed while you work at BIDMC? ☐ Yes ☐ No

Part B

The following are all sources of my financial and "in kind" support while I will be engaged in research activities at BIDMC:

Are you currently employed? ☐ Yes ☐ No

If so, will you remain employed while you work at BIDMC? ☐ Yes ☐ No