



# BRIGHAM AND WOMEN'S HOSPITAL

## REMOTE RESEARCH COLLABORATOR INTAKE FORM

| MESSAGE FROM RESEARCH OPERATIONS:  |  |   |  |
|--|--|---|--|
| The information you provide in this Research Collaborator Intake Form will allow Research Operations to formulate recommendations surrounding the compliance feasibility of your remote research collaboration request. Please provide all the information that you feel is relevant as every request will be reviewed and approved on a case-by-case basis. |  |   |  |
| <b>Principal Investigator (PI):</b>  |  | <b>PI Email Address:</b>                            |  |
| <b>IRB Protocol Numbers:</b>   |  |   |  |
| <b>Is there a funded agreement or subcontract in place for this collaboration?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>If yes, list Insight record number if known:</b> |  |
| <b>External Collaborator Name (Person of Interest):</b>  |  | <b>POI Email Address:</b>                           |  |
| <b>POI Remote Location: (City and State)</b>   |  | <b>POI Home Institution:</b>                        |  |
| <b>If based outside the United States, list country:</b>   |  | <b>Proposed POI Term:</b>                           |  |
| <b>Has the POI's Home Institution authorized this collaboration?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Submitter's Name:</b>                            |  |
|  |  | <b>Submitter's Email:</b>                           |  |
| <b>Type of Submission:</b>   | <input type="checkbox"/> New Collaborator <input type="checkbox"/> Renewal/Extension <input type="checkbox"/> BWH Faculty Conversion |   |  |

### SCREENING QUESTIONS

| I. JUSTIFICATION FOR REMOTE ACCESS  |  |   |                                 |
|---|--|---|---------------------------------|
| Please provide a detailed compelling research-related justification for requesting access to Mass General Brigham data, network and systems.        |  |   |                                 |
|   |  |   |                                 |
| <b>Will the POI access any human data?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | <b>Specific systems requested:</b><br><u>EPIC/RPDR access are not permitted for remote POIs</u> |                                 |
| II. SCOPE OF WORK   |  |   |                                 |
| Please outline all relevant information about this collaboration including defined project scope, work details and expected deliverables.           |  |   |                                 |
|   |  |   |                                 |
| <b>Indicate the nature of collaboration:</b>  | <input type="checkbox"/> Research Study<br><input type="checkbox"/> Manuscript Follow-up | <input type="checkbox"/> Administrative Function<br><input type="checkbox"/> Clinical Support   | <input type="checkbox"/> Other: |
| <b>Additional Information:</b><br>Please share any additional information that is pertinent for Research Operations to consider this collaboration. |  |   |                                 |
| Thank you for completing and submitting this form. We may contact you with additional questions related to this request.                            |  |   |                                 |