

**University of Massachusetts Medical School (UMMS)
Office of Global Health (OGH)
FOREIGN PROJECT REGISTRATION FORM**

Anyone initiating, renewing or participating in a foreign project under University of Massachusetts Medical School auspices must complete this registration form. Depending on the nature of the project, further consultation may be required. The foreign project registration form must be completed at least 30 days before the project start date.

PROCEDURE

1. Fill out the information for all sections of the form, check all boxes that apply and select yes or no on all drop down boxes.
2. For projects with human subject or animal research the following is required: 1) IRB Docket # and/or IACUC , 2) IRB and/or IACUC approval letter as an attachment. *The PI name on the IRB/IACUC must be the same as the name of the PI of this Foreign Project, otherwise please provide a letter of explanation.*
3. If the project involves export or data controls please provide the [ECC form](#). If the project involves import of supplies, reagents or samples, please provide a copy of the signed Material Transfer Agreement (MTA).
4. Obtain departmental agreement for the project.
5. Create a combined PDF of the Foreign project registration form and all supporting documents such as: IRB/IACUC approval letter, ECC, MTA, Scope of Work, Subcontract agreement, etc. Email the form to globalhealth@umassmed.edu. An approval letter will be provided to the PI, department administrator and grant administrator.

DEPARTMENTAL AGREEMENT - Required approval before submission to OGH

Department/Center/Program Chair Name

Signature

Review Date

Division Chief

Signature

Review Date

Project Title:

Project Start Date:

GENERAL INFORMATION

PRINCIPAL INVESTIGATOR

DEPARTMENT/PROJECT ADMINISTRATOR

GRANT ADMINISTRATOR

Name:

Name:

Name:

Email:

Email:

Email:

Work Phone:

Work Phone:

Work Phone:

Primary Contact:

If other, please provide contact information for other contact below:

Other Contact:

Email:

Work Phone:

FOREIGN PARTNER

Institution/Organization:

Contact Person:

Street Address:

Email:

City:

Country:

Work Phone:

LEGAL/INFRASTRUCTURE

Does the project fall under an existing Memoranda of Understanding?
If yes, please send electronic copy to globalhealth@umassmed.edu and attach any pertinent financials/contracts.

Responsible Parties:

Effective Dates: to

Will financial agreements or a contract for services be signed?
If yes, please send electronic copy to globalhealth@umassmed.edu or attach to FPR form.

Responsible Parties:

Effective Dates: to

Have documents describing the scope of work been created?
If yes, please send electronic copy to globalhealth@umassmed.edu.

Responsible Parties:

Effective Dates: to

PROJECT INFORMATION (Please provide a brief description of the scope of work, or append the scope of work for each project, or use grant description)

Nature of the project (Please select yes or no for all options)

Educational Patient Care Research Other, specify:

If research, will the project involve clinical research and/or human subjects? If yes, please provide IRB Docket # and attach IRB approval letter.

If research, will the project involve animal research? If yes, please provide IACUC Docket # and attach IACUC approval letter.

The name on the IRB/IACUC must be the same as the name of the PI of this Foreign Project, otherwise please provide a letter of explanation.

FOREIGN PROJECT COMPONENT (Please check all that apply - NIH definition of a foreign project)

- Performance of any significant scientific element or segment of a project outside the United States, either by the grantee or by a researcher employed by the grantee.
- Human subject or animal research in a foreign country
- Extensive foreign travel by grantee project staff for the purpose of data collection, surveying, sampling, and similar activities.
- Foreign Collaborator
- US funding going to a foreign organization or external funding from a foreign sponsor.
- Any activity that may be subject to export control (Export Control Decision Tree)
- Any activity of the grantee having an impact on US foreign policy through involvement in the affairs or environment of a foreign country (e.g., USAID).

Personnel Involved (Please select yes or no for all options)

Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	UMMS Faculty	<input type="radio"/>	<input type="radio"/>	Foreign Faculty
<input type="radio"/>	<input type="radio"/>	UMMS Staff	<input type="radio"/>	<input type="radio"/>	Foreign Staff
<input type="radio"/>	<input type="radio"/>	UMMS Post-Doctoral fellows	<input type="radio"/>	<input type="radio"/>	Foreign Post-Doctoral fellows
<input type="radio"/>	<input type="radio"/>	UMMS Residents	<input type="radio"/>	<input type="radio"/>	Foreign Residents
<input type="radio"/>	<input type="radio"/>	UMMS Students	<input type="radio"/>	<input type="radio"/>	Foreign Students

Will the project require any of the following: (Please select yes or no for all options)

Travel to a foreign location? If yes, what countries? If yes, do UMMS personnel require Visas for working in the foreign location?

Member(s) of the partner institution travel to UMMS? If yes, do the travelers require Visas?

Hiring non-UMass faculty/staff in the foreign location? Locating an office in the foreign location? Providing health insurance to in-country personnel?

EXPORT CONTROLS AND DATA CONTROLS (Please select yes or no for all options) If you answer yes to any of these questions, please provide the ECC form and/or signed MTA form.

Does your project involve company or other proprietary data or technical information? If yes, please describe:

Are you aware of any personnel restrictions or restrictions on publication that apply to your project? If yes, please describe:

Is there any use of select agents, toxins, viruses or bacteria including shipment of such items to foreign locations? If yes, please describe:

Does it involve physical export (hand carried or shipment) abroad or import of any materials or equipment? If yes, please describe:

Will the project involve human subjects, personal data, or personally identifiable information? If yes, please describe:

Will human subjects activity occur outside of the United States? If yes, please refer to the [OHRP International Compilation of Human Research Standards](#) (click hyperlink) and review the applicable regulations for the foreign regulations. Please check to confirm OHRP international regulatory guidance for your project has been reviewed.

FINANCIAL INFORMATION (Check all that apply)

Grant International WHO Other (Specify) State (Specify)

Federal CDC NIH Other (Specify) Foundation (Specify)

Institutional Funds (Specify)

Will the budget require any of the following? (Check all that apply)

Sub-awards Vehicle Purchase In-Country Banking Account (if checked, please fill in the additional information below)

Service Contracts Field Advances What will funds will be used for?

Purchase or Rental of Real Estate Total Estimated Funds: Funding Duration: to