

Non-Employee Researcher Form

Handwritten, abbreviated and incomplete forms will not be processed.

Completed by the Researcher

All fields are required

First Name:	Last Name:		Email Address:	
Date of Birth: <i>16 years old by start date</i>	Minor/Adult: Minor Adult	International: <i>Does not have SSN</i>	VISA: <i>Required for international, documentation must be scanned and submitted with this form</i>	
Start Date:	End Date:	Researcher has had a Cleveland Clinic badge	Previous ID Number: <i>Employee or Non-Employee</i>	Choose which best describes this researcher
Student Status:	Academic Institution:			
	Academic Program: <i>Case Western Reserve University Medical Students: Curriculum Research Non-Curriculum Research Questions?</i>			
Principal Investigator Name:		Principal Investigator Email Address:		
Department:	Division/Institute:		Location:	
Proposed hours of research involvement: <i>must be supervised by a Cleveland Clinic employee</i> <i>Select the days of the week and include hours for each day</i>				
Monday	Thursday	Estimated total hours each week:		<i>Continuous service only. This will be monitored by badge usage each month.</i>
Tuesday	Friday	Estimated total hours for project:		
Wednesday				
Provide a Summary of the research to be conducted or your role/involvement in the research:				
Provide a justification for conducting research with or at Cleveland Clinic:				

By submitting this form, the researcher named above acknowledges that they will be subject to certain onboarding requirements before they can begin their experience.

Completed by the Cleveland Clinic Department

Status of Visiting Researcher:		Location:	Building and Room Number:
Clinical	Non-Clinical		
Name of Sponsor/Principal Investigator:	Email Address:	Employee ID Number:	
Name of Research Administrator or Designee:	Email Address:	Employee ID Number:	
Provide a Summary of the research to be conducted and the researchers role/involvement in the research (include IRB, IACUC, or IBC number, if applicable):			
Provide a justification for conducting research with or at Cleveland Clinic:			
Researcher will Conduct Research On: Cleveland Clinic premises <i>Locations:</i> Cleveland Clinic patients <i>Locations:</i> <i>Populations:</i> Cleveland Clinic Employees <i>Locations:</i>		Researcher will have physical access to: Lerner Research Labs <i>*Requires LRI approval via signature below</i> Biological Resource Unit <i>*Additional requirements and approval contact BRU@ccf.org</i> Other Secure Area: <i>Specify:</i>	
Researcher will have access to: Protected Health or Financial Information <i>Specify information they will have access to:</i> <i>Systems where they will get the information:</i> <i>Where will extracted information be stored?</i> Department is responsible for requesting system accesses		Researcher will work with: Live animals <i>*Additional requirements and approval contact BRU@ccf.org</i> <i>Location(s):</i> <i>Species:</i> Radioactive material or x-rays Recombinant DNA, synthetic nucleic acids, infections agents, or toxins (including viral vectors) <i>Specify:</i> Hazardous substances or dangerous equipment not otherwise listed <i>Specify:</i>	

Signatures

Must be signed electronically by clicking in the appropriate signature box.

If you have any issues please see the help document at this [link](#)

Principal Investigator	Department Chair
Research Administrator or Designee	Institute/Center Administrator
LRI Approval for LRI Access Only	Other

Directions for submission

Once this document is completed in full and all required signatures have been obtained, it may be submitted to Research Compliance for acknowledgment. Please include the Researchers CV and any Visa documentation (if applicable).

Research Compliance Representative Acknowledgment

Can only be signed by Research Compliance