

NIH Guest Researcher Program
NIH Guest Researcher AgreementNIH Manual 2300-308-1, Appendix 2
Date: 11/23/11
Replaces: 8/16/11
Issuing Office: OD/OIR (301) 496-1921I, _____ (*name*) hereby agree in consideration of acceptance by NIH as a Guest Researcher that I will:

- (1) Agree to be bound by all provisions of Executive Order 10096, as amended, 45 C.F.R. Part 7 and any orders, rules, regulations or the like issued thereunder, as if I were a Government employee who conceived an invention or first actually reduced it to practice while at the NIH. I agree to disclose promptly to the appropriate NIH officials, all inventions which I may conceive or first actually reduce to practice during my visit to the NIH, and to sign and execute all papers necessary for conveying to the Government the rights to which it is entitled by virtue of Executive Order 10096, as amended, and this agreement.
- (2) Submit publications resulting from work at NIH to be cleared for conformance with NIH's publication policies.
- (3) Waive any and all claims for compensation from the Government of the United States for any services performed incidental to the personal research I am doing, and absolve NIH of any responsibility in case of personal injury or death arising out of those research activities, and/or failure or damage to my experiments or equipment.
- (4) While on NIH premises, conform to all applicable administrative instructions and requirements of the Department of Health and Human Services and NIH, including all regulations and procedures concerning conduct, safety, patient care, and animal care.
- (5) Agree that I will obtain, prior to the beginning of this assignment, health insurance coverage substantially comparable to that provided by the Federal Employee's Health Benefits Plan and will have that coverage approved by the host IC.
- (6) If not a US citizen or permanent resident, agree to provide evidence of valid non-immigrant status and employment eligibility to the Division of International Services, ORS, for the duration of the assignment.

Please check this box if you will receive a salary or stipend while at NIH that is derived in any way from, or related to, Federal (including NIH) funds (e.g., grants, contracts, training awards). Specify details on a separate page.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Office, 6701 Rockledge Drive, MSC7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0177). Do not return the completed form to this address.

GUEST RESEARCHER'S SIGNATURE

DATE (*mm/dd/yyyy*)

SIGNATURE OF OUTSIDE EMPLOYER RESPONSIBLE OFFICIAL

DATE (*mm/dd/yyyy*)