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## NIH Guest Researcher Program NIH Guest Researcher Agreement

I, a (	(name	e) hereby agree in consideration of acceptance by NIH a	ıs
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.	<ul> <li>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 with have that coverage approved by the host IC.</li> <li>6. If not a US citizen or permanent resident, agree approvide evidence of valid non-immigrant status are employment eligibility to the Division of International Services, ORS, for the duration of the assignment.</li> </ul>	ge ne ill to nd of ne
2.	Submit publications resulting from work at NIH to be cleared for conformance with NIH's publication policies.	stipend while at NIH that is derived in any wa from, or related to, Federal (including NIH) fund (e.g., grants, contracts, training awards). Specif details on a separate page.	ls
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.	Public reporting burden for this collection of information is estimate to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering an maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponse and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. See comments regarding this burden estimate or any other aspect of the	ng nd he or, on
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.	collection of information, including suggestions for reducing the burden to: NIH, Project Clearance Office, 6701 Rockledge Driv MSC7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0177) Do not return the completed form to this address.	nis /e,

Date

Guest Researcher's Signature

Signature of Outside Employer Responsible Official

Date