**International Research Attestation**

Researchers may conduct in-person human subjects research activities approved by an IRB/ethics committee if permitted in accordance with country-level and location-specific public health requirements. Researchers who would like to travel abroad to engage in field research may do so if permitted by Brown University [travel policies](https://healthy.brown.edu/travel-policies) and field research [approval processes](https://docs.google.com/document/d/14oJD9pu_JB_xJG7z20T-NKFPW-C8bRrN0aFModOIq7g/edit) as well as by country-level and location-specific public health requirements.

Prior to resuming or conducting in-person human subjects or field research activities in a non-U.S. location:

* This Attestation must be submitted by the Principal Investigator as well as any researcher engaging in such research
	+ Multiple protocols or projects conducted by a single Principal Investigator or researcher that take place in the same country, have the same location-specific/regional requirements, and involve similar study procedures may be submitted on a single Attestation form
* For human subjects research, this Attestation must be submitted regardless of whether Brown’s IRB is the IRB of record for the research study
* The Principal Investigator must ensure that all research personnel, including any subcontractors, consultants, or agents, are aware of and abide by the requirements set forth in this Attestation
* If a researcher oversees any non-Brown University personnel, the researcher must ensure that all such personnel sign the Field Research Personnel Acknowledgement
* All other processes and procedures at Brown University relevant to international research must be followed and completed

|  |  |
| --- | --- |
| PRINCIPAL INVESTIGATOR NAME: |  |
| RESEARCHER NAME: |  |
| ADVISOR NAME (if applicable):PROTOCOL OR PROJECT TITLE: |  |
| IRB PROTOCOL NUMBER (if applicable): |  |
| IRB/ETHICS COMMITTEE OF RECORD(if applicable): |  |

**PART A**

*All researchers must complete this Part A regardless of whether the above-referenced study or studies involve human subjects or field research.*

As the Principal Investigator of or researcher involved with the above-referenced study or studies, I affirm the following:

1. [ ]  I understand that I must know and follow all local directives and guidelines pertaining to COVID-19 in the location where I am undertaking research. This includes, but is not limited to, directives and guidelines issued by the applicable country, state, county, province, city, town, or municipality. I will abide by country-specific and location-specific public health requirements at all times, without exception, and will monitor these requirements regularly in the event that they change over time.

The following is/are the source(s) of information that the research team will use to track public health requirements (please provide links below to country- or location-specific requirements, **not** U.S. resources): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [ ]  I understand that I must know and follow all directives and guidelines pertaining to COVID-19 issued or established by any institution, entity, business, site, or other location where I am conducting research.
2. [ ]  I understand that I must follow Brown’s requirements for returning to campus if I engage in campus activity or work at Brown upon my return, including Brown’s COVID-19 Campus Safety Policy. I further understand that I must follow any applicable directives or guidance issued by the United States or the State of Rhode Island upon my return to the United States and Rhode Island.
3. [ ]  I acknowledge that all travel and field research carry risk, including risk related to COVID-19, and that I undertake this risk voluntarily. I further acknowledge that Brown University is not requiring me to travel or conduct the research referenced above. Additionally, depending on government imposed or other travel restrictions and the public health status at or affecting the location(s) of my field research, I understand that the University’s capability to assist in an emergency may be limited or nonexistent.
4. [ ]  I understand that if I oversee or am responsible for any non-Brown University personnel engaged in work related to the above-referenced study or studies, I must ensure that those individuals sign the Field Research Personnel Acknowledgement.

**PART B**

*If the above-referenced study or studies involve human subjects research, please read and complete this Part B. If not, please leave it blank.*

As the Principal Investigator of or researcher involved with the above-referenced study or studies, I affirm the following:

1. [ ]  I will conduct a health self-screening for new or worsening signs of possible COVID-19 before contact with any research participant as described on the [Brown COVID-19 and Human Subjects Research Activities webpage](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/hrpp-irb-home-page) and will not interact with a research participant if I am exhibiting any symptoms.
2. [ ]  When Brown’s IRB is the IRB of record (skip if not applicable): Prior to interacting with research participants, I will conduct a pre-screening with research participants for COVID-19 symptoms and will reschedule in-person interactions if a participant endorses any symptoms; and

Research personnel will provide research participants with information about the [Centers for Disease Control and Prevention groups determined to be at higher risk for severe illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html), either verbally via a script or via an electronic method (for example, sent via email or Qualtrics). This will enable participants to make an informed decision about personal risks related to COVID-19.

1. [ ]  When Brown’s IRB is not the IRB of record (skip if not applicable): Research personnel will follow all requirements of the local IRB or ethics committee related to reducing risk of transmission of COVID-19.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher Date