



Grants and Contracts Office
One Gustave L. Levy Place Box 1075
New York, NY 10029-6574
Phone: 212.
Facsimile: 212.241-3294
Email: grants@mssm.edu

NIH Foreign Component Prior Approval Form

Instructions: Please submit this form to the GCO upon request. The GCO will review and submit the form to the National Institutes of Health Institute or Center (NIH I/C) for prior approval of a foreign component. Attach additional pages if more space is needed. Please review [NOT-OD-19-114](#) for more information regarding the NIH’s policy on foreign components.

Primary Institution Name: Icahn School of Medicine at Mount Sinai (ISMMS)
Primary Institution Address: 1 Gustave L. Levy Place, Box 1075 New York, NY 10029
ISMMS Principal Investigator Name: _____ Project No: _____

Foreign Component Information

Institution Name: *Investigator must be affiliated with this institution. If investigator is not affiliated with an Institution, please leave blank and use the “other” section for additional clarification.* _____

Country in which research will be conducted: _____

Names of Foreign Component Collaborating Investigators: _____

Foreign Component Address: *Provide as much detail as possible.* _____

Collaborating Investigator Telephone Number: _____ E-mail Address: _____

The information requested below is regarding the research conducted at the foreign component. Do not include information about studies performed in the U.S. or at another site.

- 1. AIDS Related? [] Yes [] No
- 2. Involves Biodefense? [] Yes [] No

3. Description of Activities to be Conducted at the Foreign Component:

Please describe the activities to be conducted at the foreign component written for a lay audience. The NIH I/C is responsible for approving this activity. Please attach additional pages if more space is needed.

4. Total Amount Requested: _____ *If appropriate, add total requested amount.*

5. Budget: [] Attached [] None

If appropriate, attach a budget which includes the total costs per year at the foreign component.

Vertebrate Animals

Include the following information if vertebrate animals are involved at the foreign component:

- 6. Vertebrate Animals? [] Yes [] No

7. For experiments involving animals, please identify the type of animal being used, how many animals, and a brief description of what will be done to them? _____

Human Subjects

Include the following information if human subjects are involved at the foreign component:

8. Human Subjects? Yes No

9. If Yes to Human Subjects, either state "pending approval" or include an FWA (Federal-Wide Assurance) # as appropriate. _____

If there is no information about Approval status, then there may be a hold on approval.

10. Does the research at the foreign component meet the [NIH definition of a Clinical Trial](#)? Yes No

11. Involves Stem Cells? Yes No

12. Number of subjects: _____

13. Demographics: *Include age-range, gender, inclusion of special populations such as pregnant women, etc.*

14. How will the subjects be recruited? _____

15. Will informed consent be obtained? Yes No

16. What will the subject participation entail? _____

17. If subjects are to be interviewed, where, how long, and how many times? _____

18. How long they will participate? _____

19. How will subject confidentiality be protected? _____

20. If samples are to be obtained, samples of what and how often? _____

21. Other: *Use this section to provide additional information.* _____

