

Export Control Questionnaire

University of Maryland, Baltimore

Project Title: _____ PI: _____

Sponsor: _____ Activity Type (choose one):

- Basic research
- Clinical research
- Training
- Clinical services
- Conference
- Other services

ATTACH the project summary/abstract.

Name, Title and Phone of person completing this form: _____

FOR INFORMATION AND DEFINITIONS GO TO: http://www.ord.umaryland.edu/export_control.html

	YES*	NO
This project involves shipping of equipment, chemicals, biological materials, encrypted software, or other materials internationally. If YES, list all items and locations to which they will be shipped.		
I plan to collaborate with researchers or organizations from outside the United States. If YES, list the organizations and/or researchers and countries.		
I expect to have foreign national(s) participate in the project.		
I expect to host visiting scientists who are or may be foreign nationals.		
UMB faculty and staff will perform this project, or part of this project, at a non-U.S. site. If YES, describe the project activities, faculty and staff involved, and location of site(s).		
UMB faculty or staff will travel internationally as part of this project, such as for a professional meeting or for training. If YES, describe the planned travel (personnel, location and purpose).		
UMB faculty or staff will take abroad <u>equipment</u> including, but not limited to, a computer, camera, PDA, global positioning device, distiller, fermenter, incubator, centrifuge or oscilloscope. If YES, specify.		
UMB faculty or staff will take abroad <u>encryption software</u> in electronic or hard copy form, or information that describes encryption software. If YES, describe circumstances.		
UMB faculty or staff will take abroad a <u>computer</u> that will not be under the exclusive use and control of a full-time UMB employee. If YES, describe circumstances.		
UMB faculty or staff will take abroad a <u>select agent or toxicological agent</u> , including a chemical, biological, virus, toxin or associated equipment. If YES, specify.		
This project involves research on or testing of an item for military use (or dual use).		

*If you answer “yes” to any question, attach a separate sheet to describe the item or activity, how and where the item will be used, where activities will take place and the names, titles and affiliations of persons involved.

Number of separate sheets attached: _____

I have read this form and the responses, including all attached sheets, and I understand and agree the information provided is accurate and complete:

Signature of Principal Investigator:

Date: _____