

MATERIAL TRANSFER AGREEMENT REVIEW FORM

PRINCIPAL INVESTIGATOR INFORMATION:

Name: _____ Telephone: _____ E-mail: _____

PROVIDER INFORMATION:

Provider Organization: _____ Address: _____

Contact name: _____ Telephone: _____ E-mail: _____

MATERIAL and PROJECT INFORMATION:

What is the material?: _____

Provide a description of how the materials will be used. Attach another page, if necessary.

What source(s) of funding, including award number(s), will be used to support the research?:

How long will you use the materials (e.g., γ years)?: _____

Yes No Will the materials be used in conjunction with any other materials received from a third party?
If yes, identify other materials and provider(s): _____

Yes No Are the materials relevant to any previous or pending disclosures of intellectual property to the
Office of Technology Licensing? If yes, list all that apply: _____

Yes No Has any confidentiality or nondisclosure agreement from the provider been signed in connection with
the materials? _____

Check all that apply:

The materials will be provided for the purpose of product testing and evaluation (i.e., testing an expression system)
for the providing organization.

The materials are a tool, kit, or instrument that will be used in the conduct of research.

The materials are a reagent.

Progeny, unmodified derivatives, or descendant copies will be made from the materials.

The materials will be modified or will be used to produce modified derivatives.

Other. Please explain: _____

COMPLIANCE INFORMATION: Please check off all categories that apply. Include existing protocol information if applicable.

Human subjects: Protocol submitted: yes no Protocol #/Date: _____ / _____

Vertebrate animals or custom antibodies: Protocol submitted: yes no Protocol #/Date: _____ / _____

Financial Conflict of Interest for Non-Federal Provider Organizations:

Yes No Was the decision to undertake this research based on receiving access to the material by the Provider
Organization? If yes, answer the following question:

Yes No Does a financial relationship exist between the Principal Investigator and the Provider Organization?

PRINCIPAL INVESTIGATOR SIGNATURE: *By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current university policies and federal regulations.*

Name _____

Date _____