

Material Transfer Request Form

1	Type of MTA
	Is the agreement (check one):
	<input type="checkbox"/> Incoming (the material is being received by SLU) – do not complete box 5
	<input type="checkbox"/> Outgoing (the material is being provided by SLU) – do not complete box 6

2	Provider Information	
	Providing Scientist/PI name:	Providing Institution/Company:
	Email:	Department:
	Phone:	Mailing address:

3	Recipient Information	
	Receiving Scientist/PI name:	Receiving Institution:
	Email:	Department:
	Phone:	Mailing address:

4	Material Information		
	Material description (name, amount to be transferred, etc.):		
	Brief description of the research in which material will be used: (attach additional pages if necessary)		
	Is the material available commercially or through any other source such as a research reagent bank or depository (ATCC, Hybridoma Bank, etc)? ___no ___yes	Does the material contain GFP, EGFP or TET? ___no ___yes _____	Is the material being used with another material(s) received under an MTA? ___no ___yes _____ Source of other material

<p>Is the material a human sample (blood, serum, plasma, urine, stool, tissue, etc.)?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes _____</p> <p>IRB # _____</p> <p>Are the samples de-identified?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes</p>	<p>Is the material a whole animal?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes _____</p> <p>IACUC # _____</p>	<p>Is the material a recombinant DNA, infectious agent or export controlled agent?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes</p>
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<p>5 For Outgoing MTA</p>	
<p>What is the source of funds under which the materials were made?</p> <p><input type="checkbox"/> Federal _____</p> <p><input type="checkbox"/> Foundation _____</p> <p><input type="checkbox"/> Industry Sponsor _____</p> <p><input type="checkbox"/> Other _____</p>	
<p>Was the material created at SLU?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no _____</p> <p>(if no, identify the origin of the material and attach written permission for transfer of the material)</p>	<p>Are you the creator/inventor of the material?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no _____</p> <p>(if no, identify original creator/inventor)</p>
<p>If SLU material, has the material been disclosed to the Office of Technology Management?</p> <p><input type="checkbox"/> yes _____</p> <p>OTM # _____</p> <p><input type="checkbox"/> no (If no, please disclose the materials to the OTM using the form here. Note: form will download immediately.)</p>	
<p>Will the recipient pay for shipping?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Will the recipient pay for the preparation of the material?</p> <p><input type="checkbox"/> yes _____</p> <p>Preparation costs</p> <p><input type="checkbox"/> no</p>

<p>6 For Incoming MTA</p>	
<p>What is the source of funds for the research in which the material is to be used?</p> <p><input type="checkbox"/> Federal _____</p> <p><input type="checkbox"/> Foundation _____</p>	

<input type="checkbox"/> Industry Sponsor _____ <input type="checkbox"/> Other _____	
Will any modification be created out of the material (substance that contains or incorporates the material or is crossbred with your own materials? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown Will any derivatives of the material be created? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	How long do you plan to use the materials? _____
Do you intend to publish the findings of your research using the materials? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, are you willing to allow the provider a chance to review a manuscript or other draft publication in advance of submission? <input type="checkbox"/> yes (choose one) _____ days <input type="checkbox"/> no	Do you have a financial interest in the provider organization (income, consulting, stock ownership, etc)? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you been provided a draft MTA from the provider? <input type="checkbox"/> no <input type="checkbox"/> yes (attach a copy of the MTA with this form)	Provider Contact for contractual issues: Name _____ Email _____ Phone _____