TTUHSC El Paso Providing Investigator: Alternative Dept. Contact:

Department: School:

MATERIALS Requested (MATERIAL):

Name of Firm/Institution Requesting MATERIALS (RECIPIENT):

Primary Address of Receiving Frm/Institution:

Recipient Investigator: \_\_\_\_\_\_\_\_Phone: \_\_\_ Email:

Receiving Firm/Institution Contact for Material Transfer Agreement (MTA) questions and/or negotiations:

Name: Phone: \_\_\_ Email:

**NOTE: To avoid delays, please obtain all relevant compliance approvals prior to submitting this form.**

**Nature/involvement of the material to be transferred (*please check all that pertain*):**

[ ]  Biohazardous or infectious IBC# IBC last approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Recombinant DNA RDBC#\_\_\_\_\_\_\_\_\_\_\_\_\_ RDBC last approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  To be used in humans IRB# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB last approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  To be used in vertebrate animals IACUC#\_\_\_\_\_\_\_\_\_\_\_\_ IACUC last approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Radioactive sublicense under name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Subject to export controls

[ ]  Oncomouse technology [ ]  Cre-lox technology [ ]  Select agent (Patriot Act)

Briefly describe RECIPIENT’S intended use of MATERIAL (RESEARCH PLAN):

Period planned for RECIPIENT’S possession and use of MATERIAL:

Limit time of use? [ ] No [ ] Yes How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this MATERIAL transfer involve collaboration with the recipient investigator? [ ] No [ ] Yes

If Yes, is there a written collaboration agreement? [ ] No [ ]  Yes

Was this MATERIAL developed solely in your lab at TTUHSC El Paso and is it considered proprietary to TTUHSC El Paso? [ ] No [ ]  Yes If no, where was it developed and by whom?

Was this MATERIAL originally obtained from a source outside of TTUHSC El Paso? [ ] No [ ] Yes If Yes, identify the original source: Is there an MTA? [ ] No [ ] Yes

Does this MATERIAL contain or was it derived from material(s) received from others? [ ]  No [ ] Yes If Yes, identify the other material(s) and the providers and any MTA:

Has a description of this MATERIAL been published? [ ] No [ ]  Yes If yes, provide full citation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the MATERIAL patented/patent pending? [ ]  No [ ] Yes [ ]  Unsure  **File number**\_\_\_\_\_\_\_\_

Has the MATERIAL been disclosed to TTUHSC El Paso Office of Research Commercialization as a potential invention? [ ]  No [ ] Yes

If yes, provide file number

Do you want a copy of the research results from the RECIPIENT? [ ] No [ ] Yes

Do you want to review the RECIPIENT’S findings prior to their publication? [ ] No [ ] Yes

Do you wish to review any proposed publications or presentations? [ ] No [ ] Yes

Do you want to be acknowledged in any RECIPIENT publication? [ ] No [ ] Yes

Do you wish to be reimbursed by the RECIPIENT for the cost of preparing/shipping this MATERIAL? [ ] No [ ] Yes If Yes, please provide the cost:

Do you want the RECIPIENT to return or destroy any remaining MATERIAL after completing the RESEARCH PLAN? [ ] Return [ ] Destroy

What is the likelihood of an invention resulting from the RECIPIENT’S use of this MATERIAL? [ ]  Highly possible [ ]  Somewhat possible [ ] Not expected

Is this MATERIAL a select agent or toxin as defined by the federal government? See [www.cdc.gov/od/sap/docs/salist.pdf](http://www.cdc.gov/od/sap/docs/salist.pdf) for a list of select agents and toxins. [ ] No [ ] Yes Do you have a license? If Yes, please describe:

**PRINCIPAL INVESTIGATOR REPRESENTATIONS AND CERTIFICATIONS**

**PRINCIPAL INVESTIGATOR REPRESENTATION AND CERTIFICATIONS**

My signature below certifies that:

1) The information submitted on this form is true, complete, and accurate to the best of the my knowledge.

2) Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

3) I agree to accept responsibility for the scientific conduct of the subject material.

4) The personnel involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency.

5) I agree to be bound by the terms and conditions of this material transfer agreement.

6) I agree to annually certify and report any changes to significant financial interests of my own, investigators, senior/key personnel, and family members within 30 days of discovering or acquiring a new significant financial interest. as mandated by TTUHSCEP OP 73.09.

**Financial Conflict of Interest Disclosure**

Do any of the participating faculty, staff, or students (or their spouses or dependents/children) have any financial interests, such as royalties, equity, or any other payments (e.g., consulting, salary, etc.) in the sponsor or other entities having a financial interest in the intellectual property, products, or services that are the subject of the proposed project? [ ] No [ ] Yes If yes, attach Financial Disclosure Form(s).

**To the best of my knowledge, the information I have provided herein is true and accurate:**

Principal Investigator/Scientist (*Signature/Date*) Approved: Department Chair (*Signature/Date)*