



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

### Outgoing Material Transfer Agreement (OMTA) Request

**NOTE: To avoid delays, please obtain all relevant research approvals prior to submitting this form (Institutional Biosafety Committee (IBC), Institutional Animal and Care Use Committee (IACUC), Institutional Review Board (IRB), etc.)**

TTUHSC El Paso Providing Investigator

Department School

Phone Email

Alternative Department Contact

Phone Email

#### MATERIALS Requested

*(Please specify and list the material(s) as it appears on your approved protocol)*

Firm/Institution Requesting MATERIALS (RECIPIENT)

Primary Address

Recipient Investigator

Phone Email

Receiving Firm/Institution Contact for MTA Questions/Negotiations

Phone Email

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

- |   |        |                          |
|---|--------|--------------------------|
| Biohazardous, infectious or Recombinant DNA | IBC#   | IBC 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

Yes No

Limit time of use?

If yes, how long?

Does this MATERIAL transfer involve collaboration with the recipient investigator?

If yes, is there a written collaboration agreement?

Was this MATERIAL developed solely in your lab at TTUHSC El Paso and is it considered proprietary to TTUHSC El Paso?

If no, where was it developed and by whom?

Was this MATERIAL originally obtained from a source outside of TTUHSC El Paso?

If yes, identify the original source?

Is there an MTA?

Does this MATERIAL contain or was it derived from material(s) received from others?

If yes, identify the other material(s), the providers, and any MTA

Has a description of the MATERIAL been published?

If yes, provide full citation

Is the MATERIAL patented/patent pending?

If yes, provide the file number

Has the MATERIAL been disclosed to the TTU Office of Research Commercialization as a potential invention?

If yes, provide the file number

Do you want a copy of the research results from the RECIPIENT?

Do you want to review the RECIPIENT'S findings prior to their publication?

Do you wish to review any proposed publications or presentations?

Do you want to be acknowledged in any RECIPIENT publication?

Do you wish to be reimbursed by the RECIPIENT for the cost of preparing/shipping this MATERIAL?

If yes, please provide the cost

Do you want the RECIPIENT to return or destroy and any remaining MATERIAL after completing the RESEARCH PLAN?

If yes, do you want the MATERIAL returned or destroyed?

What is the likelihood of an invention resulting from the RECIPIENT'S use of this MATERIAL?

Is this MATERIAL a select agent or toxin as defined by the federal government?  
(See <https://www.selectagents.gov/SelectAgentsandToxinsList.html>)

Do you have a license?

If yes, please describe

## PRINCIPAL INVESTIGATOR REPRESENTATIONS AND CERTIFICATIONS

My signature below certifies that:

- 1) The information submitted on this form is true, complete, and accurate to the best of 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 the 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 HSCEP 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?    Yes    No

**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

Department Chair Approval Signature

Please email the completed form, with all required signatures, to  
[ELP-Research-Contracts@ttuhsc.edu](mailto:ELP-Research-Contracts@ttuhsc.edu)