



# Material Transfer IN

<b>TJU PI:</b>	<b>First:</b>	<b>Last:</b>
<b>Providing Company/Institution:</b>	<b>Dept:</b>	
<b>Providing PI:</b>	<b>Name:</b>	<b>MTA Contact Info:</b>
	<b>Name:</b>	<b>Email:</b>

If you are aware that the Providing Institution is not the Owning Institution (where the material was created first), please provide the name of the Owning Institution:

<b>1</b>	List the full name of each material you are requesting. Please also indicate quantities if possible:	
<b>2</b>	Is the material(s) commercially available?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3</b>	Specify funding source(s) for the planned experiments using this material: <input type="checkbox"/> Corporate- Sponsor Name: <input type="checkbox"/> Federal Grant- Agency name: <input type="checkbox"/> Non Federal Grant- Grantor: <input type="checkbox"/> Gift Funds- Giver Name: <input type="checkbox"/> Other- Please Describe	
<b>4</b>	What is the known/intended use for the material?	
<b>5</b>	Will you use the material(s) for its above intended use?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>6</b>	Will you make any modifications to the material(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>7</b>	Are you collaborating on this research with any personnel of another institution? <i>If yes, please indicate the nature of collaboration (check all that apply)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, I will: <input type="checkbox"/> Share funding <input type="checkbox"/> Publish together <input type="checkbox"/> Share confidential info <input type="checkbox"/> Co-design experiments <input type="checkbox"/> Use the same materials <input type="checkbox"/> Share data & analysis
<b>8</b>	Will the material(s) be used or co-mingled with materials received from another organization? <i>If yes, list material &amp; provider and whether you obtained it under an MTA or other Agreement: (Do not include materials purchased without restrictions)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>9</b>	What other agreements/funding/materials not previously mentioned relate to the study? (List all that apply, i.e., sponsored research agreement, government or other grant, CDA, license, MTA, other agreement):	
<b>10</b>	Do you think any invention will result from your research?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>11</b>	How long do you expect the research to last?	
<b>12</b>	Will you receive confidential information from the Provider regarding the use of the material(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>13</b>	Is there TJU IP (invention disclosures, patents, pending patent applications, proprietary research or copyright) associated with the research in which the material(s) will be used?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide disclosure/case/patent numbers:
<b>14</b>	Is this material needed for a proposal under development or consideration of funding?	<input type="checkbox"/> No <input type="checkbox"/> Yes, indicate name of the funding source and deadline date:

15	Please provide a brief description of your proposed research and <b>ATTACH ANY RELEVANT CORRESPONDENCE/DOCUMENTS (MTA template, etc.) from the Providing Company/Institution/PI:</b>
<p><b>Conflict of Interest Certification:</b> At present or in the 12 months prior to this agreement, do any investigators or their family members have a significant financial interest related to the provider of the materials?   <input type="checkbox"/>No   <input type="checkbox"/>Yes</p>	
<p><b>IRB Certification:</b> If the materials consist of human biological materials, please confirm that any necessary Institutional Review Board approvals or exemptions have been obtained:   <input type="checkbox"/>CONFIRM   <input type="checkbox"/>N/A</p>	
<p><b>IACUC Certification:</b> If the materials consist of live animals, please confirm that any necessary Institutional Animal Care and Use Committee approvals have been obtained:   <input type="checkbox"/>CONFIRM   <input type="checkbox"/>N/A</p>	
<p><b>Biosafety Certification:</b> If the material has, or may have, biohazardous properties, please confirm that any necessary Institutional Biosafety Committee approvals have been obtained:   <input type="checkbox"/>CONFIRM   <input type="checkbox"/>N/A</p>	
<p><b>Export Control Certification:</b> If this transfer involves the import of material from someone in another country, please confirm that the material will be transferred in compliance with all applicable rules and regulations, including U.S. export control regulations: <input type="checkbox"/>CONFIRM   <input type="checkbox"/>N/A</p>	
<p><b><i>By responding to the questionnaire above, I hereby certify that I have read and understand the questionnaire, have responded accurately and completely thereto, and that for the duration of the applicable Material Transfer Agreement, I will fully comply with the terms and conditions as indicated by my responses to the attached questionnaire.</i></b></p>	
Name:	Signature:
Date:	

Upon the full completion of this form, please return it to [mtas@jefferson.edu](mailto:mtas@jefferson.edu)