



# Material Transfer OUT

|                                       |                          |              |
|---------------------------------------|--------------------------|--------------|
| <b>TJU PI:</b>                        | <b>First:</b>            | <b>Last:</b> |
| <b>Recipient Company/Institution:</b> | <b>Dept:</b>             |              |
|                                       | <b>Name:</b>             |              |
|                                       | <b>MTA Contact Info:</b> |              |
| <b>Recipient PI:</b>                  | <b>Name:</b>             |              |

|          |  |   |
|----------|--|---|
| <b>1</b> | List the full name of each material you are providing. Please also indicate quantities if possible:  |   |
| <b>2</b> | Was the first creation of the outgoing material(s) at TJU by you/your lab?   | <input type="checkbox"/> No: If No, name of creating institution AND researcher:<br><input type="checkbox"/> Yes: <input type="checkbox"/> unpublished <input type="checkbox"/> published: please attach first publication  |
| <b>3</b> | Is there TJU IP (invention disclosures, patents, pending patent applications, proprietary research or copyright) associated with the material(s)?                      | <input type="checkbox"/> No <input type="checkbox"/> Yes: Please provide disclosure/case/patent numbers:  |
| <b>4</b> | Specify the funding source for the project in which the outgoing material was created:   |   |
|          | <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>5</b> | Were any materials from other third-party companies or institutions use to generate or are presently commingled with the outgoing materials?                           | <input type="checkbox"/> No<br><input type="checkbox"/> Yes   |
| <b>6</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<br><input type="checkbox"/> Share confidential info <input type="checkbox"/> Co-design experiments<br><input type="checkbox"/> Use the same materials <input type="checkbox"/> Share data & analysis |
| <b>7</b> | a) Should a fee be charged for transfer of the material(s) to recoup preparation and maintenance costs?<br><br>b) Should shipping fees be charged to the Recipient PI? | <input type="checkbox"/> No <input type="checkbox"/> Yes- amount to be charged \$ _____<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| <b>8</b> | Do the materials consist of human biological material(s)?  | <input type="checkbox"/> No <input type="checkbox"/> Yes: Please attach IRB approval, consent form, and final protocol  |
| <b>9</b> | Please <b>ATTACH ANY RELEVANT CORRESPONDENCE/DOCUMENTS</b> from the Receiving Company/Institution/PI:  |   |

**Conflict of Interest Certification:** 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 recipient of the materials?

No  Yes

**IACUC Certification:** If the materials consist of live animals, please confirm that any necessary Institutional Animal Care and Use Committee approvals have been obtained:

CONFIRM  N/A

**Biosafety Certification:** If the material has, or may have, biohazardous properties, please confirm that any necessary Institutional Biosafety Committee approvals have been obtained:

CONFIRM  N/A

**Export Control Certification:** If this transfer involves the export 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:

CONFIRM  N/A

***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.***

**Name:**

**Signature:**

**Date:**

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