MTA FORM AND INFORMATION SHEET

This is **NOT** an MTA. The purpose of this form is to gather all pertinent information between you and the other party to the contract and to facilitate a problem-free MTA. This is only an aid in the material transfer agreement process. Once this information is gathered, please send it to Leslie Smith in the Office of Intellectual Property and Technology Transfer for final approval and execution of the agreement.

NOTE: Some biological transfers also require IRB and HIPAA approval, so prior approval through Leigh Lamonica, Director of Legal and Regulatory/IRB is necessary before executing an MTA.

YOU MUST FILL OUT ALL ITEMS ON THIS PAGE. THEN, FILL OUT THE FOLLOWING SECTIONS THAT ARE APPROPRIATE FOR THE TRANSFERRED MATERIAL.

PROVIDER INFORMATION:

Scientist providing biomaterials: _____

Were these biomaterials originally received through an MTA? _____
If so, who was the original provider? _____

RECIPIENT INFORMATION

RECIPIENT SCIENTIST:
- Name: _____
- Facility Name: _____
- Facility Address: _____
- Email: _____
- Telephone: _____

AUTHORIZED INSTITUTIONAL REPRESENTATIVE
(**Person who has authority to bind the Institution in contracts**):
- Name: _____
- Title: _____
- Address: _____
- Email: _____
- Telephone: _____

IF ANIMALS ARE TRANSFERRED, COMPLETE THIS SECTION:

Date you would like material to be transferred, if known: _____

CBC shipping charges: $_____
The CBC shipping charges will be billed directly to the PBRC-PI and may include charges for: shipping containers, technician time, international shipping forms, USDA certificates, Fed Ex charges, etc.

It is the responsibility of the PBRC-PI to recoup any of these charges from the Recipient.

Is there an IACUC protocol related to this material? ☐ Yes ☐ No

If so, provide the following:

PROTOCOL TITLE: _____

IACUC #: _____

Description of animals to be transferred: _____
Please include the number of animals, the approximate age, the proposed research or use of the animals, if known, whether the animals are progeny/unmodified derivatives/modifications or any commercial purposes, if known.

ANIMAL CONTACT PERSON:
NAME: _____
ADDRESS: _____
E-MAIL ADDRESS: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____

IF HUMAN SAMPLES ARE TRANSFERRED, COMPLETE THIS SECTION:

Date you would like material to be transferred, if known: _____

Shipping charges: $_____

Charges for biomaterials: $_____

Is there an IRB protocol related to this material? ☐ Yes ☐ No
If so, provide the following:

PROTOCOL TITLE: _____

IRB #: _____

If no, please explain why approval is not relevant/required. _____
Please provide a copy of the approved informed consent.

Description of materials to be transferred: _____
Please include the proposed research or use of the material, if known and the amount of the material to be transferred.

HUMAN RESEARCH COMPLIANCE REVIEW - please check all of the following that apply:

Was the material collected from a vulnerable population? ☐ YES ☐ NO

If so, indicate vulnerable population:

☐ CHILDREN ☐ PREGNANT WOMEN ☐ FETUSES

☐ NEONATES ☐ PRISONERS ☐ MENTALLY DISABLED

☐ OTHER: _____

If materials were collected from a child, what procedure is in place to verify materials provided are not that of a donor that has since reached the age of 18 (upon reaching age 18 the donor becomes an adult and child consent form is no longer valid). Explain procedure: _____

If placenta is used in this research, was this material considered medical waste that was to be discarded/destroyed? ☐ YES ☐ No

If no, was appropriate consent obtained from the subject to use this material (placenta) in research?
☐ YES ☐ NO

Will any patient information or other clinical data be transferred with the samples?
☐ YES ☐ NO

If yes, will the information/data contain any of the following identifiers (please check applicable boxes)?

☐ Name ☐ Address by street location ☐ Address by town/city/zip code

☐ Telephone number ☐ Fax number ☐ Electronic mail address

☐ Social security number ☐ Medical record number ☐ Account number

☐ Certificate/license number ☐ Web URL's ☐ Full face photographic image

☐ Medical device identifiers/serial numbers ☐ Internet protocol (IP) address

☐ Biometric identifiers (finger and voice prints)

☐ Dates (except year), e.g., date of birth; admission/discharge; date of procedure; date of death

☐ Health plan beneficiary number ☐ Vehicle identification number and serial number, including license plate number

☐ Any other identifier or combination of identifiers likely to identify the subject

PLEASE NOTE: The transfer of samples with identifiable information may carry additional requirements (e.g., patient consent and authorization) under federal human subjects regulations and/or the HIPAA Privacy Rule. If the identifiers transferred are limited to address by town/city/zip code, dates, and other identifiers not specifically previously listed, the provider of the material (if it is a "covered entity" under HIPAA) may require that a data use agreement be put into place before the transfer occurs. If the identifiers transferred are more than these identifiers, the provider of the material may require that a business associate agreement be put into place before the transfer occurs.

FOR OTHER BIOMATERIALS, COMPLETE THIS SECTION:

Please check all of the following that pertain to the biomaterials:

Carcinogenic, mutagenic/teratogenic	☐
Toxins	☐
Microbial agents or products (bacterial, viral, fungal, parasitic)	☐
Recombinant DNA/RNA	☐
Registering plasmids	☐
Other	☐

Description of biomaterials: _____

Date you would like material to be transferred, if known: _____

Shipping charges: $_____

Charges for biomaterials: $_____