

Materials Transfer Agreement Review Form

We cannot begin to process your agreement until this form is completed.

Any Questions, please contact Andrew Jarrell at 368-1401 or amj29@case.edu

Please fax this form to 368-0196 or email to amj29@case.edu

Materials will be sent: (check one) to CWRU from CWRU

Submitted by: _____ Date: _____

CWRU

PI: _____

Information: School: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Campus Address: _____

Building in which the work will take place: _____

Organization name: _____

Outside

Contact Name: _____

Organization Information: Is the contact a scientist or an administrator? _____

Information: Contact e-mail address: _____

Contact Phone: _____ Contact Fax: _____

Material name & description:

SAFETY/COMPLIANCE:

Is the Material hazardous? Yes No

If yes, what type: Radioactive Infectious
 Chemical Other

Is the Material human derived? Yes No

If Yes, include study name and number:
(protocol and consent form should also be sent to us)

INTELLECTUAL PROPERTY:

For Outgoing Materials: were all components of the
Material developed at CWRU? Yes No
If no, provide list of other institutions.

Is this MTA related to any of your prior invention(s)?
 Yes No

Is it possible that a new invention or creation could result
from the project for which you need this MTA?

Yes No

RESEARCH PROJECT:

What is the intended use of the materials?
(Check all that apply)

- Product testing and evaluation (validation)
- Materials are the subject of research
- Materials are tool used in conduct of research
- Materials are a reagent essential to research
- Materials may be modified or used to produce modified derivatives
- Material or modified materials may be incorporated into a new research material or discovery

FUNDING:

Source of funding used to create Materials or perform research with
these Materials, current or anticipated (Check all that apply):

Gov't funding/grant (name of granting entity)

Sponsored Research Agreement (name of entity)

Department funds

Other: _____

PI Signature: _____

For incoming MTAs, please include the MTA from the Provider (Word version preferred).