

Materials Transfer Agreement Review Form

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

Any Questions, please contact Walid Jalabi at 368-2151 or wxj68@case.edu

Please e-mail this form to wxj68@case.edu or fax to 368-0196

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 email address: _____

Contact Phone: _____ Contact Fax: _____

Material name & description:

Please be thorough

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 IRB protocol title and number below, and attach the protocol and informed consent document

Is the human Material de-identified? Yes No

INTELLECTUAL PROPERTY:

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

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

PI Signature: _____

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: _____

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