

OUTGOING MATERIAL TRANSFER REQUEST: Additional Information

TTUHSC Provider Faculty: _____ Alternate Dept Contact: _____
Department _____ School _____ Campus _____

Is this correct: "The Material described above was developed at TTUHSC and is considered the proprietary property of TTUHSC."? *Note: If NO, it may be more appropriate to direct the requestor to another entity to receive the material.* (Yes or No) _____

If developed with or by anyone else, or at another entity, other individual or other agency or other institution involved: _____

Other entity contact name and **email address** for questions or negotiations:

Patented or patent pending? (Yes or No) _____ If yes, details: _____

Published? (Yes or No) _____

Name of material(s) that you wish to transfer:

Nature/involvement of the material to be transferred (*please check all that pertain*):

- ☐ Biohazardous or infectious IBC# _____ IBC last approval date _____
☐ Recombinant DNA RDBC# _____ RDBC last approval date _____
☐ To be used in humans IRB# _____ IRB last approval date _____
☐ To be used in vertebrate animals IACUC# _____ IACUC last approval date _____
☐ Radioactive Sublicense under name _____ ☐ Subject to export controls
☐ Oncomouse technology ☐ Cre-Lox technology ☐ Select agent (Patriot Act)

In 1-2 sentences, state Recipient's planned use of the material: _____

Do you wish to review any proposed publications or presentations? (Yes or No) _____

Are there any restrictions that you wish to require? (Yes or No) _____

Recipient Scientist: _____ Email: _____

Recipient Institution: _____

Please understand that a Material Transfer Agreement (MTA) is a legal document that addresses both liability and intellectual property issues with respect to the transfer of research materials from one entity to another. TTUHSC is bound by federal and state laws and regulations pertaining to the handling and use of research materials and tools. **Certification that the information I have provided is true and accurate:**

Principal Investigator/Scientist (*Signature/Date*)

Approved: Department Chair (*Signature/Date*)