

# Material Transfer Agreement

## Incoming Information Form

Name	<input type="text"/>		
Position	<input type="text"/>	Department	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

**IS AN MTA NECESSARY?**

**Yes No**

- |    |  |                       |                       |
|----|--|-----------------------|-----------------------|
| 1. | Will the material become a part of LMU intellectual property that should be protected by the University?                   | <input type="radio"/> | <input type="radio"/> |
| 2. | Is the material a part of a third party's intellectual property?   | <input type="radio"/> | <input type="radio"/> |
| 3. | Is the intellectual property related to the material subject to the terms of a sponsored research agreement with industry? | <input type="radio"/> | <input type="radio"/> |
| 4. | Are you receiving the material from a third party that restricts its further transfer?                                     | <input type="radio"/> | <input type="radio"/> |
| 5. | Does the sender of the material want LMU to sign an MTA?   | <input type="radio"/> | <input type="radio"/> |

**If you answered YES to any of these questions, you need an MTA.**

**MATERIAL TO BE TRANSFERRED**

Provider	<input type="text"/>
Material	<input type="text"/>

## INCOMING MTA QUESTIONNAIRE

1. Is the material to be used in living persons as a part of a clinical study or trial?

Yes

No

2. What is your intended use of the material?

3. Please list all sources of funding (e.g. federal government, private foundation, departmental funds, gift, consortium, corporate, royalty research award) which will be used to support any research utilizing the materials. Please provide the applicable grant number, if known.

4. Do any of the involved researchers receive gift funds from the provider?

Yes

No

5. Will the material be used in any research funded by the provider?

Yes

No

**6a.** If so, please provide the sponsor(s) name(s), project title(s) and sponsored project numbers.

**7.** Will students and/or post-docs be working on the project?

Yes

No

If so, please provide their sources of funding.

**8.** If graduate students will be involved, will this research be part of a thesis project?

Yes

No

**9.** Will the material be used with other materials provided by a third party, including other academic colleagues?

Yes

No

If so, please identify each of these other materials and who provided them.

**10.** Will you be modifying the material?

Yes

No

If so, how?

**11.** Will any progeny be produced (i.e., unmodified descendants from the material, such as virus from virus, cell from cell, etc.)?

Yes

No

**12.** Do you intend to publish or present your findings?

Yes

No

13. Is the material known to be toxic?

Yes

No

14. Is the material sold commercially?

Yes

No

If so, approximately what would the amount of material you are requesting cost?

15. Is the material available from another source?

Yes

No

If so, please list all other potential sources.

**Principal Investigator Certification**

I verify that the information I have provided about this project is accurate.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_