|  |  |
| --- | --- |
| Material Transfer Agreement Information Sheet  ***Indiana University as Recipient*** | |
| *Please enter the following information:* | |
| Principal investigator name: Jay T. Lennon Department: Biology | |
| Shipping address: 1001 E 3rd St. | |
| Phone: 812-856-0962 Fax: NA E-mail: lennonj@indiana.edu | |
| Assistant / contact person name: Brent Lehmkuhl | |
| Address: Jordan Hall 260, 1001 E 3rd St. | |
| Phone: 812-856-7235 Fax: NA E-mail: blehmkuh@indiana.edu | |
| Provider organization name: J. Craig Venter Institute | |
| Provider contact person name: John Glass | |
| Address: 4120 Capricorn Lane, La Jolla, CA  92037 | |
| Phone:       858-200-1856 Fax:       E-mail: jglass@jcvi.org | |
| *Please answer the following questions:* | |
| 1. 1. | Please describe / identify the material you are acquiring:  Mycoplasma mycoides subspecies capri strain GM12 and Mycoplasma mycoides minimal bacterial cell | |
| 1. **2.** | Have you received a draft Material Transfer Agreement from the Provider? X *Yes* (Please attach a copy)  *No*  Is a brief description of your research already incorporated in the Material Transfer Agreement*?*  *Yes* X *No*  If *no* to either question, please complete *Attachment A* (provided at the end of this form). | |
|  | How long do you anticipate your research project will last? Five years | |
|  | Please check the appropriate box indicating the funding source for your research in which the requested materials will be used:   |  |  |  | | --- | --- | --- | | X Internal  Federal Agency | Foundation  Corporate | State Agency  VA |   If your funding source is not internal, please enter the name of the sponsor and the protocol/study number: | |
|  | Will the materials requested be used in combination with any other proprietary materials, information, or materials supplied by another organization?  *Yes* X *No*  If *yes*, please explain: | |

|  |  |
| --- | --- |
|  | Have any patents been filed or are you working with the Indiana University Research and Technology Corporation (IURTC) Office of Technology Transfer on any patent protection related to the proposed research?  *Yes* X *No*  Please provide your IURTC Contact’s name/email address: |
|  | Do you expect the proposed research to generate patent applications or other intellectual property, e.g., progeny, unmodified derivatives, modifications or software, or create anything of commercial value?  *Yes* X *No* |
| |  | | --- | | *If you answered yes to questions 5, 6, or 7, please respond to the following questions (otherwise, proceed to section 8):*   1. Please give a brief description of the intellectual property that will be used in combination with the Material, is related to the Material, or may potentially be developed as a result of using the Material in your proposed research: 2. Have you entered or are you aware of any other agreements (MTA, Licensing, Confidentiality, Research, etc.) where rights to innovations from this proposed research may have been granted?  *Yes*  *No*   If *yes*, please explain:   1. Do you anticipate publishing your research using this Material?  *Yes*  *No* | | |
|  |  |
|  | Your research with this material may require University authorization. Although the Office of Research Administration reviews a list of all incoming and outgoing materials, it is up to the PI to assure that your use of the materials is authorized. If you have questions about an existing authorization or whether you need a new authorization from *Biological Safety*, *Radiation Safety*, *Human Subjects*,or *Animal Care & Use*, you may find contact information at the Compliance Services web page for the Office of Research Administration, <http://researchadmin.iu.edu/cs.html>. |
| **10)** | Are there alternate sources for the Material?  *Yes* X *No*  Please include any additional information that would aid us in processing this agreement: |
| I acknowledge that the information provided herein is true and complete. | |
| Investigator signature:    Date: September 5, 2017 | |
|  | |

|  |
| --- |
|  |

# *Please sign the completed form and forward it by e-mail to MTAS@iu.edu. Include Attachment A and the Provider’s Material Transfer Agreement, if applicable.*

|  |
| --- |
| Material Transfer Agreement Information Sheet  ***Indiana University as Recipient***  *Attachment A:* Research Plan |
| Please enter a brief description of your research: My laboratory is interested in the generation and maintenance of biodiversity, especially in microbial systems. A major approach that we use is to controlled laboratory conditions to understand how different lineages evolve different environmental conditions. We currently have such long-term experiments running for seven strains of bacteria. The *Mycoplasma* strains here present a unique opportunity since they have the smallest genomes of all free-living bacteria. They have also synthetically reduced this genome thus allowing us to address questions about the minimal set of genes needed for life and how such a genome accumulates mutations. We will grow and transfer the *Mycoplasma* strains using standard microbiological methods and handle the samples and waste using proper protocol. |