

UC DAVIS/NIH NEUROMAB FACILITY COMPLIANCE FORM AND MATERIAL TRANSFER AGREEMENT

This Compliance Form and Material Transfer Agreement ("Agreement") is made by and between The Regents of the University of California ("THE REGENTS"), Antibodies Incorporated ("ANTIBODIES") and the RECIPIENT. THE REGENTS and ANTIBODIES ask that the RECIPIENT agree to the following before the RECIPIENT can receive Neural-Specific Monoclonal Antibodies ("MATERIALS") from the UC Davis/NIH NeuroMab Facility:

1. The MATERIALS are the property of THE REGENTS or third party donors who have contributed materials to the UC Davis/NIH NeuroMab Facility ("DONORS"). THE REGENTS or the DONORS retain ownership of the MATERIALS, including any MATERIALS in substances created by the RECIPIENT that contain or incorporate the MATERIALS ("MODIFICATIONS").
2. The MATERIALS are distributed for non-commercial research purposes only. The RECIPIENT will not sell or use the MATERIALS for commercial purposes.
3. The Recipient will not distribute the MATERIALS to any third parties for any purposes. The RECIPIENT will refer any requests for the MATERIALS to the UC Davis/NIH NeuroMab Facility. The RECIPIENT may transfer MODIFICATIONS at no cost, other than a transmittal fee solely to reimburse the RECIPIENT for its preparation and distribution costs, to other scientists for teaching or non-commercial research purposes only under an agreement containing terms that are at least as protective of ANTIBODIES, the DONORS' and THE REGENTS' rights as those set forth in this Agreement.
4. THE MATERIALS ARE NOT FOR USE IN HUMAN SUBJECTS.
5. The RECIPIENT will use the MATERIALS in compliance with all applicable statutes and regulations.
6. The RECIPIENT will provide a copy of a preprint or published article describing the research utilizing the MATERIALS to: Dr. James S. Trimmer, NeuroMab, Department of Neurobiology, Physiology and Behavior, College of Biological Sciences, 196 Briggs Hall, University of California, One Shields Ave, Davis, CA 95616. The RECIPIENT will cite the UC Davis/NIH NeuroMab Facility in any publication(s) describing the research utilizing the MATERIALS. The suggested acknowledgment statement is as follows:

The monoclonal antibody _____ was developed by and/or obtained from the UC Davis/NIH NeuroMab Facility, supported by NIH grant U24NS050606 and maintained by the Department of Neurobiology, Physiology and Behavior, College of Biological Sciences, University of California, Davis, CA 95616.

7. Any MATERIALS provided pursuant to this Agreement are understood to be experimental in nature and may have hazardous properties. ANTIBODIES, THE DONORS, THE REGENTS AND THE FEDERAL GOVERNMENT MAKE NO REPRESENTATIONS AND EXTEND NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIALS WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS. Unless prohibited by law, the RECIPIENT assumes all liability for claims for damages against it by third parties which may arise from the RECIPIENT's use, storage or disposal of the MATERIALS. When the RECIPIENT is a for-profit organization, the RECIPIENT will hold harmless, defend, and indemnify ANTIBODIES, the DONORS, THE REGENTS and the Federal Government against any claims, costs or other liabilities which may arise as a result of the RECIPIENT's use, storage or disposal of the MATERIALS.

Before ANTIBODIES can send the MATERIALS, the RECIPIENT scientist and an authorized official of the RECIPIENT's organization, must sign and send this Agreement to:

UC Davis/NIH NeuroMab Facility,
c/o Antibodies Incorporated, P.O. Box 1560, Davis, CA 95617-1560
Tel: 530-758-4400, Fax: 530-758-6307
Email: antibodyco@antibodiesinc.com

Type (check one): **Non-Profit** ☐ **For-Profit** ☐

Street Address: _____

City: _____ State: _____

ZIP/Post Code: Country:

Telephone: _____ Fax: _____

E-mail: _____

Certification of Authorized RECIPIENT Official: I agree that MATERIALS are being provided for non-commercial research purposes only.

Signature of Authorized Official	Date
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Name of Authorized Official _____

Title of Authorized Official

E-mail of Authorized Official

Certification of Recipient Scientist: I have read and understood the conditions outlined in this Agreement.

Signature of Recipient Scientist	Date
----------------------------------	------

Name of Scientist

Title of Scientist

E-mail of Scientist

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA



Rafael A. Gacel, Associate Director, Technology Transfer Services

All information must be filled in. Return this form along with your first order (it is not necessary to submit this form if you have previously ordered from the UC Davis/NIH NeuroMab Facility). If you choose to fax this form, please remember to mail the original for our records.