

**VIRGINIA COMMONWEALTH UNIVERSITY**  
**MATERIAL TRANSFER AGREEMENT SUBMISSION FORM**

This form is used when you are planning to receive material from an outside entity. Submit this completed form and supporting documents for University review and signature to: [mtadua@vcu.edu](mailto:mtadua@vcu.edu)

**VCU SCIENTIST**

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**PI Name & Department:**

**Departmental Administrative Contact:**

**Primary Researcher who will use Material, if not PI:**

**PROVIDER ORGANIZATION**

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**Name of Provider Organization:**

**PI / Research Contact at Provider Organization:**

*(Name, Phone Number, and Email address, if known)*

**Administrative Contact at Provider Organization:**

*(Name, Phone Number, and Email address, if known)*

**THE MATERIAL**

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**1. Describe the material you are requesting.** *(Name of Material & Description, including citation or website if applicable)*

**2. Who developed or created the Material?**

**3. Please check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Material is Human in origin                              | <input type="checkbox"/> Material is Chemically or Biologically Hazardous |
| <input type="checkbox"/> Material includes Human Embryonic/Pluripotent Stem Cells | <input type="checkbox"/> Material contains recombinant DNA                |
| <input type="checkbox"/> Material is Animal in origin                             | <input type="checkbox"/> Material includes Genetically Modified Organisms |
| <input type="checkbox"/> Material is Commercially Available                       | <input type="checkbox"/> Material is Radioactive                          |
| <input type="checkbox"/> Material will be received from a foreign country         |   |

**4. Are you aware of any alternative sources of the Material?** ..... Yes No

If yes, please elaborate:

**5. Have you received the Material already?** ..... Yes No

If yes, when?

**6. Do you have any invention disclosures, patents, or pending patent applications pertaining to your use of the Material under this MTA?** ..... Yes No

**INTENDED USE**

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**7a. Please briefly describe how the Material will be used in your research.** *This will assist us in confirming that the agreement with the Provider Organization is consistent with your research plans. Attach additional pages if necessary.*

**7b. How long do you plan to use the Material?**

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8. Do you intend to publish your findings? ..... Yes No
9. Will the Material be used under any of the following? **If yes, provide institutional number:**
- |   |     |    |                     |
|---|-----|----|---------------------|
| a. Human subjects research protocol .....     | Yes | No | IRB Number: _____   |
| b. Animal care & use protocol .....           | Yes | No | IACUC Number: _____ |
| c. MUA from Institutional Biosafety Committee | Yes | No | MUA Number: _____   |
10. Will you modify the Material (i.e., create a new substance that contains the Material; crossbreed the Material with your own materials)? ..... Yes No
11. Will you create any derivative of the Material? ..... Yes No
12. Will the Material be used in conjunction with Materials from other parties? ..... Yes No  
If yes, what are these other Materials and who provided them?
- Were Material Transfer Agreements executed for the other Materials? ..... Yes No
13. Will you ship the Material, or any research product, to a foreign country? ..... Yes No

**OTHER RELEVANT DETAILS**

14. Project is supported by: External funds PT/PD/FP # & agency: \_\_\_\_\_  
Internal funds\*\* Funding source: \_\_\_\_\_
15. Have you updated your Financial Interest Report in the VCU AIRS system? ..... Yes No
16. Will you be collaborating with a researcher in a foreign country? ..... Yes No  
If yes, provide name of researcher and nationality:
17. Please provide any additional information that is relevant to your needs for this agreement, if any.

**PRINCIPAL INVESTIGATOR CERTIFICATION:** To the best of my knowledge, the answers to the questions are true, complete and accurate. I have read the referenced MTA and agree to abide by the terms and conditions of the agreement as finalized and adhere to VCU's policies and procedures. I am a VCU faculty member authorized to oversee the transfer and use of the Data named above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* IF PROJECT IS NOT EXTERNALLY FUNDED:**

**DEPARTMENT CHAIR'S APPROVAL:** The departmental resources deemed necessary under this agreement are available to conduct this project/research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date