

**VIRGINIA COMMONWEALTH UNIVERSITY
OUTGOING MTA SUBMISSION FORM**

This form is used when you are planning send material to an outside entity. Submit this completed form and supporting documents for University review and signature to: mtadua@vcu.edu

VCU SCIENTIST

Name & Department:

RECIPIENT

Name of Recipient Organization:

PI / Research Contact at Recipient Organization:

(Name and Email address, if known)

Administrative Contact at Recipient Organization:

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

MATERIAL

1. Describe the material you are sending. *(Name & 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 |

4. Are you aware of any alternative sources of the Material? Yes No
If yes, please elaborate:

5. Do you have any invention disclosures, patents, or pending patent applications pertaining to this material? Yes No

OTHER RELEVANT DETAILS

6. Is this transfer part of a collaboration with the Recipient Scientist? Yes No

7. Do you want any unused Material returned? Yes No

8. Is there a cost (above the shipping charges) associated with preparing the Material? Yes No

8. Please provide any additional information that is relevant to your needs for this agreement:

PRINCIPAL INVESTIGATOR CERTIFICATION:

By entering my initials below, I certify that 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 Material named above.

PI Initials: _____ Date: _____