

VIRGINIA COMMONWEALTH UNIVERSITY

MATERIAL TRANSFER SUBMISSION FORM

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

| | |
|--|--|
| VCU PI Name & Department | |
| PI's Departmental Administrative Contact | |
| Primary Researcher who will use the material, if not PI | |

Provider Organization

| | |
|---|--|
| Name of Provider Organization (Company or institution that will send the material) | |
| 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) | |

Material

| |
|--|
| What is the Material you are requesting? (Name of Material & Description, include citation or website if applicable) |
| <p>Please check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Material is Human in origin <input type="checkbox"/> Material is Animal in origin <input type="checkbox"/> Material includes Human Embryonic/Pluripotent Stem Cells </div> <div style="width: 48%;"> <input type="checkbox"/> Material is Chemically or Biologically Hazardous <input type="checkbox"/> Material is Radioactive <input type="checkbox"/> Material is Commercially Available </div> </div> |
| Have you received the Material already? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? |
| Who developed or created the Material? |
| Are you aware of any alternative sources of the Material? (If so, please elaborate) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any invention disclosures, patents, or pending patent applications pertaining to your use of the Material as stated in this questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Intended Use

| |
|--|
| 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. |
| Will the Material be used under a human subjects research protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide IRB Protocol Number: _____ |
| Will the Material be used under an animal protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide IACUC Protocol Number: _____ |

**VIRGINIA COMMONWEALTH UNIVERSITY
MATERIAL TRANSFER SUBMISSION FORM**

| | |
|---|--|
| How long do you plan to use the Material? | |
| Will you modify the Material (i.e., will you create a new substance that contains or incorporates the Material; will you crossbreed the Material with your own materials)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you create any derivative of the Material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the Material be used in conjunction with other Materials from other parties? If so, what are these other Materials and who provided them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were Material Transfer Agreements executed for these other Materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you intend to publish your findings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other Relevant Information

| | |
|---|--|
| Please list all source(s) of funding for your research with the materials (PT/PD/FP number, funding agency, etc.). This will help us manage conflicts between obligations to research sponsors and any obligations requested by the Provider Organization. | |
| Have you updated your Financial Interest Report (FIRS) in the VCU AIRS system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be collaborating with a researcher in a foreign country? If so, include name of researcher and nationality: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the Material being received from a foreign country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you plan to ship the Material, or any product of the associated research, to a foreign country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please provide any additional information that would be relevant to our negotiation of this agreement, if available. | |

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 Material named above:

Signature

Date

DEAN'S APPROVAL: The departmental resources deemed necessary under this agreement are available to conduct this research.

Signature

Date