



Office of Research Administration
INCOMING MATERIAL TRANSFER AGREEMENT REVIEW FORM

Please complete this form, including signatures by Principal Investigator (PI) and Department Chairperson/Director of administering unit. Send the completed and signed copy and all necessary documentation to ORA. Call 301-405-6269 for assistance.

1. Principal Investigator

Name Phone Email

2. Administering Department

3. Alternate Contact

Name Phone Email

4. Provider Organization

Address Website URL

5. Provider Scientist

Name Phone Email

6. Provider Contractual/Administrator

Name Phone Email

ORA must have the Provider's Contractual contact information to proceed. MTAs cannot be negotiated by Provider Scientists.

7. ATTACH DOCUMENTS FOR REQUESTED MATERIALS: Please attach any Material Transfer Agreement, Statement of Investigator Form, Letter of Intent, or any other documents or correspondence of any kind between you and the Provider of the Material(s) stating any condition(s), restriction(s), or guidelines under which the Material(s) may be used. Use the space provided below to include any notes about the organization, such as a web address or if they use electronic MTA forms.

Material and Project Information

8. What is the material?

Provide a description of how the material(s) will be used. Attach additional pages as necessary.

9. What source(s) of funding, including award number(s), will be used to support the research?

KFS or Award #1	KFS or Award #2	KFS or Award #3
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10. How long will you use the material(s), e.g., 2 years? Begin Date End Date

11. Yes No Will the material(s) be used in conjunction with other materials received from a third party?
 If yes, please list other materials and providers.

12. Yes No Are the materials relevant to any previous, pending, or future disclosures of intellectual property to the Office of Technology Commercialization (OTC)? If yes, list all that apply.

13. Yes No Do you intend to commercialize the results of research stemming from the use of the material(s) or any modified derivatives of the material(s)?

14. Yes No Has any confidentiality of nondisclosure agreement from the provider been signed in connection with the material(s)?

15. Yes No Do you have the material(s) in your possession?

16. Yes No Is the material available through any other source such as a Research Reagent Bank or Depository (e.g., ATCC or Hybridoma Bank)?

Material and Project Information Continued

17. Check all that apply:

- A. The material(s) will be provided for the purpose of product testing and evaluation (e.g., testing an expression system) for the providing organization.
- B. The materials are a tool, kit, or instrument that will be used in the conduct of research.
- C. The material is a reagent.
- D. Progeny, unmodified derivatives, or descendant copies will be made from the material(s).
- E. The material(s) will be modified or will be used to produce modified derivatives.
- F. The material(s) will be used in another manner. Please explain:

18a. Yes No **Human subjects:** Will this research include using Human Subjects?
18b. If yes, has an IRB application been submitted to the IRB office?
Yes Please provide the title used on the IRB application and the IRB protocol approval number.
No An IRB application has not been submitted for this project but will be if this project is awarded. Submit one copy of the proposal protocol form to the IRB Office. For more information, contact the IRB office at irb@umd.edu.

19a. Yes No **Animal subjects:** Will this research include using vertebrate animals?
19b. If yes, has an IACUC protocol approval number been assigned?
Yes Please provide the title used on the IACUC application and the IACUC protocol approval number.
No An IACUC application has not yet been submitted for this project. For more information, contact the IACUC Coordinator at x55037 or iacuc-office@umd.edu.

20a. Yes No **Radioactive Materials:** Will radioactive materials or ionizing radiation producing devices be used in this research? Includes x-ray units, electron microscopes, and particle accelerators; non-ionizing radiation producing devices such as lasers, IR, UV, or other optical emitting devices, and/or microwaves, RF, or electromagnetic sources of radiation.
20b. If yes, will these devices by ionizing and/or non-ionizing radiation producing? Maryland Department of the Environment (MDE) requires radiation safety training and an approved authorization prior to the use of such devices. Call DES, x 53960, for assistance.

21. Yes No **Genetically engineered organisms:** Will genetically engineered organisms be used or produced in this research? If yes, please explain.

22. Yes No **Biological materials:** Will this research use biological materials? E.g., recombinant DNA or RNA, human pathogens, toxins, or blood, unfixed tissue, or primary cell culture derived from humans or non-human primates. Call DES, x 53960, for assistance.

23. Yes No **Chemicals:** Will this project require the use of chemicals? If this project includes the use of chemicals, a Chemical Hygiene Plan and training is required. Call DES, x 53960, for assistance.

24. Yes No **Select Agent Toxins:** Will this research require the use of one or more select agent toxins? A list of select agents can be found here: <http://www.selectagents.gov>. Call DES, x 53960, for assistance.

25. Yes No **Export Controlled Material:** Has the transferor indicated that the material is export controlled, or do you suspect that the material may have been designed for a military application? If yes, contact Export Compliance Office, oraexport@umd.edu or x 52656, to determine whether any special controls are required for handling and storage of the material.

26. Yes No **Conflict of Interest:** Is there a real or potential conflict of interest in connection with this work involving a University of Maryland employee, as defined by the University of Maryland Policies and Procedures II-3.10(A) or II-3.10(B)? If yes, a disclosure form must be completed and submitted in accordance with these procedures.

For more information on COI, refer to <http://www.umresearch.umd.edu/RCO/>

By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current University policies and Federal Regulations.

Principal Investigator **Date**

Department Chair **Date**

Division of Research/ORA **Date**

ORA Use only: Reviewed by: **Date**

Remarks: