

RICE UNIVERSITY MATERIAL TRANSFER AGREEMENT INCOMING MATERIAL

MATERIAL REQUESTED: \_\_\_\_\_

Department: \_\_\_\_\_  
Faculty Recipient: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CONTACT INFORMATION

Provider Organization: \_\_\_\_\_ Provider Scientist: \_\_\_\_\_  
Administrative Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

1. Research [Please provide or attach a brief description of the proposed research using the Material]:  
\_\_\_\_\_  
\_\_\_\_\_

2. Will your Research be done collaboratively with the Provider Scientist? Yes No [If yes, please explain]:  
\_\_\_\_\_  
\_\_\_\_\_

3. Will your research using the Material relate to or be used in any way with an invention that you have disclosed or anticipate disclosing to the Office of Technology Transfer? Yes No [If yes, please explain]:  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you, any other Investigator(s) working with the Material, or any family members or persons living with you have any financial interest in the provider of the Materials, or in any other entity which might be affected by the results of your proposed Research? Yes No [If yes, please describe the financial interest]:  
\_\_\_\_\_  
\_\_\_\_\_

5. Will this material be used in conjunction with any other materials obtained under another MTA? Yes No [If yes, please describe]:  
\_\_\_\_\_  
\_\_\_\_\_

6. If the Material is derived from human subjects (such as tissues, fluids or human data), please provide the Rice IRB protocol number: \_\_\_\_\_  
7. If the Material is for use with or derived from animals, please provide the Rice IACUC protocol number: \_\_\_\_\_  
8. Please provide the protocol number if applicable for: rDNA: \_\_\_\_\_ or IBC: \_\_\_\_\_  
9. Are the Materials subject to Export Control restrictions? Yes No  
10. Will grant or contract funds be used to support the activities for the use of the Materials?: Yes No If yes, please list the grant or contract sponsor: \_\_\_\_\_ and R Fund Number(s): \_\_\_\_\_

CERTIFICATION  
I agree that if my Research involves (a) human subjects, (b) animals, (c) recombinant DNA techniques, (d) radioactive materials, (e) hazardous chemical waste, (f) bio-hazardous material or (g) infectious agents, I must obtain the required University approvals prior to conducting my Research. I certify that I will conduct the Research involving these Materials in accordance with all applicable University and sponsor requirements including any policies, regulatory requirements and laws.  
FACULTY SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_