

RICE UNIVERSITY MATERIAL TRANSFER AGREEMENT OUTGOING MATERIAL

MATERIAL: _____

Should these materials be considered as confidential materials of Rice? Yes No

Are these materials biological or non-biological?

Faculty Provider: _____ Phone: _____ E-mail: _____
Department: _____
Alternate Contact: _____ Phone: _____ E-mail: _____

CONTACT INFORMATION-RECIPIENT ORGANIZATION

Recipient Organization: _____ Recipient Scientist: _____

Administrative Contact: _____ Phone: _____ Email: _____

Address:

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

[Empty box for research description]

2. Will you collaborate on the Research using the Materials with the Recipient Scientist? Yes [] No [] [If yes, please explain - will data Yes [] No [] or materials Yes [] No [] be returned to you?]:

[Empty box for collaboration explanation]

3. Do you want results from the use of the materials by the Recipient Scientist (other than data referenced in #2 above) sent to you? Yes [] No []

4. Is the Material part of an invention that you have disclosed or anticipate disclosing to the Office of Technology Transfer? Yes [] No [] [If yes, please explain]:

[Empty box for invention disclosure explanation]

5. Is the use, disclosure or transfer of the Material restricted by any third-party agreements or rights (were the materials created by you at another university or under a sponsored research agreement)? Yes [] No [] [If yes, please explain]:

[Empty box for restriction explanation]

6. Should there be any specific restrictions on the Recipient's use of the Material? Yes [] No [] [If yes, please explain]:

[Empty box for restrictions explanation]

7. If the Material or related methodology has been described in any publication provide the citation:

[Empty box for citation]

8. What is the cost for preparation and shipment of the material? (Only required if the Recipient Organization is a commercial entity)

[Empty box for cost]

9. 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 Recipient of the Materials or in any other entity which might be affected by the results of the proposed Research? Yes [] No [] [If yes, please describe the financial interest]:

10. If the Material is/was derived from human subjects (such as tissues, fluids or human data), please provide the Rice IRB protocol number: _____
11. If the Material was developed, derived from or part of research involving animals, please provide the Rice IACUC protocol number _____
12. Will the materials be used by the Recipient in animals? Yes No
13. Please provide the protocol number if applicable for: rDNA: _____ or IBC: _____
14. Are the Materials subject to Export Control restrictions? Yes No
15. Were the Materials made or will they be made using grant or contract funds? Yes No If yes, please list the grant or contract sponsor: _____ and R Fund Number(s): _____
16. Is Recipient working on a funded grant or contract with you for this research? Yes No If yes, please list the grant or contract sponsor: _____ and R Fund Number(s): _____
17. The term of the MTA should be for 1 year, 3 years, 5 years or other: _____

CERTIFICATION

I agree that if the Research involves (a) human subjects, (b) animals, or (c) recombinant DNA techniques, (d) radioactive materials, (e) hazardous (d) chemical waste, (f) bio-hazardous material or (g) infectious agents, I will obtain the required University approvals prior to shipping the Material. I certify, to the best of my knowledge, that the Research involving these Materials will be conducted in accordance with all applicable requirements including any sponsor policies, regulatory requirements and/or laws.

FACULTY SIGNATURE: _____ Date: _____