

RICE UNIVERSITY MATERIAL TRANSFER FROM ADDGENE

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

Department: \_\_\_\_\_

Faculty Recipient: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

\_\_\_\_\_

2. 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]:

\_\_\_\_\_

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

\_\_\_\_\_

4. The requested material contains (check all that apply):  Recombinant DNA,  Synthetic Nucleic Acids,  Eukaryotic Virus Vectors (i.e., lentivirus, AAV, etc),  Toxin molecules or the DNA for toxin molecules,  Material derived from human subjects (such as tissues, fluids or human data),  Material for use with or derived from live animals,  None of the above.

- If you checked ANY of the boxes other than “none of the above,” provide an active Rice IBC, IACUC, and/or IRB number: \_\_\_\_\_

5. Will the research using the Material relate or be used in any way for military applications? Yes  No

6. Will grant funds be used to support the activities for the use of the Materials?: Yes  No  If yes, please list the sponsor name and R fund (**NOTE these materials cannot be used on Industry Sponsored Research**):

Sponsor: \_\_\_\_\_ 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: \_\_\_\_\_

To submit form, click here  
(form will be sent to mta@rice.edu)