Request to Draft a Material Transfer Agreement (MTA)

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| Section A – Project Contact Information |
| Collaborating Organization: |   |
| Organization’s Primary Project Contact: |   |
| Address: |   |
| Phone: |   |
| Fax: |   |
| Email: |   |
| UM’s Primary Project Contact: |  |
| UM Position Title: |   |
| UM Department: |   |
| Phone: |   |
| Fax: |   |
| Email: |   |
| Section B – Nature of Agreement Requested |
| Description of Materials to be Transferred: |   |
| For Biological or Chemical Transfers:(check all that apply) | [ ] natural or semisynthetic compound[ ] synthetic compound[ ] extracts[ ] other:  |
| DOES THE MATERIAL TO BE TRANSFERRED REQUIRE APPROVAL FROM ANY OF THE FOLLOWING, AND IF SO IS THAT APPROVAL LETTER ATTACHED? | [ ]  MTAs for live animals must have protocol(s) reviewed and approved by the Institutional Animal Care and Use Committee (IACUC). [ ]  MTAs for human participant research must have protocol(s) reviewed and approved by the Institutional Review Board (IRB). [ ]  MTAs for rDNA, organisms pathogenic to humans, and human blood, fluids, or tissues must have protocol(s) reviewed and approved by the Institutional Biosafety Board (IBC).  |
| Direction of transfer: | [ ] materials will be sent **FROM UM\*** to collaborating organization[ ] materials will be sent from collaborating organization **TO UM**[ ] materials will be exchanged between **BOTH\*** parties |
| \*Have these materials been sent to other organizations?  | [ ] YES [ ] NOwhere?  |
| Have materials already been sent or received?  | [ ] YES (attach supporting documentation) [ ] NOwhen?  |
| Purpose of Materials Exchange: |   |
| What will UM do under this agreement? |   |
| What will collaborating organization do under this agreement? |   |
| If materials are being sent TO UM will they be sent BY UM to any other organizations? | [ ] YES [ ] NOwhat organizations and for what purpose?  |
| Is this collaboration part of an existing or pending grant? | [ ] YES [ ] NOagency and timing:  |
| Will Federal Government Funds be used to support the research utilizing the material? | [ ] YES [ ] NOagency and account #:   |
| Do you intend to publish your findings? | [ ] YES [ ] NO |
| (IF APPLICABLE)Are you willing to provide and advance copy of the publication to the other organization for review? | [ ] YES [ ] NO |

For more information or assistance, contact ORSP Division of Technology Management

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