**Material Transfer Agreement (MTA) Questionnaire**

Faculty Name: Type Name

College:

Supplier: Type Name

RECEIVING material (Incoming)

SENDING material (Outgoing)

Answer the questions below according to the type of MTA you indicated above:

|  |  |  |
| --- | --- | --- |
|  | **Incoming** | **Outgoing** |
| 1. **GENERAL INFORMATION** |  |  |
| 1. Provide material description in lay terms: | **✓** | **✓** |
|  |  |  |
| 2. Describe in detail how you intend to use the Material (scope of work): | **✓** |  |
|  |  |  |
| 3. Describe Recipient’s intended use of Material (scope of work): (This will help place any restrictions on use will on the MTA) |  | **✓** |
|  |  |  |
| 4. **Material type**: | **✓** | **✓** |
| Biological Answer Section II-Question 1 |  |  |
| Chemical Answer Section II-Question 2 |  |  |
| Radiation source or equipment Answer Section II-Question 3 |  |  |
| Live Animals Answer Section II-Question 4a |  |  |
| Device |  |  |
| Software |  |  |
| Other: |  |  |
|  |  |  |
| Will the intended use of the Material involve | **✓** |  |
| Live animals Answer Section II-Question 4b |  |  |
| Human subjects Answer Section II-Question 5b |  |  |
|  |  |  |
|  |  |  |
| **II. RESEARCH COMPLIANCE QUESTIONS** |  |  |
| **1.** Biological Material – please check all that apply 🡪 If applicable, submit a new MUA/registration or an amendment to your existing MUA/registration | **✓** | **✓** |
| Human Product: cell lines, tissue, and/or fluids Answer Section II-Question 5a |  |  |
| Provide Human Products Registration and/or Biosafety number: |  |  |
| Animal product: cell lines, tissue and/or fluids |  |  |
| Provide Animal Sample Registration: |  |  |
| rDNA or synthetic nucleic acid molecules |  |  |
| Provide Biosafety approval number: |  |  |
| Microorganisms |  |  |
| Provide Biosafety number: |  |  |
| Biological Toxin or Select Agents (<https://www.selectagents.gov/SelectAgentsandToxinsList.html>) |  |  |
| Provide Biosafety number: |  |  |
| Other: |  |  |
|  |  |  |
|  |  |  |
| **2.** Chemicals | **✓** | **✓** |
| Is a Safety Data Sheet (SDS) and/or existing Standard Operating Procedure (SOP) available for this chemical? |  |  |
| Yes **Attach a complete and legible copy of the SDS and/or the existing SOP of the chemical** |  |  |
| No Indicate if it falls into any of high hazard classification(s) listed below: |  |  |
| Highly Acute toxin |  |  |
| Carcinogen |  |  |
| Reproductive Toxin |  |  |
| Water Reactives |  |  |
| Air Reactive/Pyrophorics |  |  |
| Explosive/Unstable |  |  |
| Nano Materials |  |  |
| None of above |  |  |
|  |  |  |
| To the best of your knowledge, are there any other special hazard(s)/concern(s) for this chemical? |  |  |
| Yes Specify: |  |  |
| No |  |  |
|  |  |  |
| **3.** Radiation Source or Equipment | **✓** | **✓** |
| Radioactive material Isotope and activity in Curies or Becqerels: |  |  |
| Provide sublicense number: |  |  |
| X-ray machines |  |  |
| Provide sub-registrations number: |  |  |
| Lasers Classification: |  |  |
| Provide sub-registration number: |  |  |
| Thorium or Uranium compounds |  |  |
| Provide isotope and activity: |  |  |
|  |  |  |
| **4.** Animals |  |  |
| 1. If you will be **receiving/sending live animals**, make sure that you have an approved IACUC protocol for these animals/experiments and/or submit a new IACUC protocol or amendment to existing protocol? | **✓** | **✓** |
| * Provide IACUC protocol number: |  |  |
|  |  |  |
| 1. If you will be **using the material in live animals**, make sure that you have an approved IACUC protocol for these experiments and/or submit a new IACUC protocol or amendment to existing protocol? | **✓** |  |
| * Provide IACUC protocol number: |  |  |
|  |  |  |
| **5.** Human Subjects |  |  |
| 1. If you will be **receiving/sending** human samples, make sure that you have an approved IRB protocol for these samples/experiments and/or submit a new IRB protocol or modification to existing protocol (if applicable)? | **✓** | **✓** |
| * Provide IRB protocol number (if applicable): |  |  |
|  |  |  |
| 1. If you will be **using the material in humans**, make sure that you have an approved IRB protocol for these experiments and/or submit a new IRB protocol or amendment to existing protocol? | **✓** |  |
| * Provide IRB protocol number: |  |  |
|  |  |  |
|  |  |  |
| **III. CONFLICT OF INTEREST** | **✓** |  |
| Do any participants in this activity have a Significant Financial Interest as defined in the [UH Policy on Conflict of Interest in Research](http://www.uh.edu/research/compliance/coi/COI_Policy/)? |  |  |
| Yes Explain: |  |  |
| No |  |  |
|  |  |  |
|  |  |  |
| **IV. FUNDING** | **✓** | **✓** |
| Please list all internal and external funding sources (for-profit, foundations, State, Federal, etc.) for the project(s) used to produce the material or in which the Material will be used. |  |  |
| |  |  | | --- | --- | | Agency/Patron/Collaborative Partner(s): |  | | Grant Number(s): |  | |  |  |
| \*This will help us manage conflicts between obligations to research sponsors and any obligations requested by the Provider Organization. |  |  |
|  |  |  |
|  |  |  |
| **V. CONTRACTS/LEGAL** | **✓** |  |
| Will the Material be used in conjunction with any other material(s) received from another institution, company, or any other third party? |  |  |
| Yes  Did you receive the material(s) via an agreement, statement of work, or correspondence of any kind between you and the provider stating condition(s), restriction(s), or guidelines for use of the material(s)?  Yes **Attach a copy of the document**  No |  |  |
| No |  |  |
|  |  |  |
|  |  |  |
| **VI. INTELLECTUAL PROPERTY** |  |  |
| 1. Do you anticipate that any inventions will be developed from the use of the Material? | **✓** |  |
| Yes Please explain (will invention incorporate the Material, will invention be an entirely new product, cell line, etc.)?  No |  |  |
|  |  |  |
| 2. Would the new invention have commercial value to the Provider/recipient?  Yes  No | **✓** |  |
|  |  |  |
| 3. Will your research project involve a material or method of commercial value or potential value that you have developed?  Yes Please describe and list any relevant patents or invention disclosures:  No | **✓** |  |
|  |  |  |
| 4. Has the MATERIAL been disclosed to the Office of Technology Transfer and Innovation (OTTI) as a potential invention? |  | **✓** |
| Yes Provide the file number:  No |  |  |
|  |  |  |
| 5. Is the MATERIAL patented/patent pending? |  | **✓** |
| Yes Provide the file number:  No |  |  |
|  |  |  |
| 6. What is the likelihood of an invention resulting from the RECIPIENT'S use of this MATERIAL? |  | **✓** |
|  |  |  |
| 7. Would the new invention have commercial value to the Provider/recipient?  Yes  No |  | **✓** |