**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**

**OUTGOING MATERIAL TRANSFER REQUEST**

**TTUHSC Providing Investigator: Alternative Dept. Contact:**

**Department: School: Campus:**

**MATERIALS Requested (MATERIAL)**

**Name of firm/institution requesting MATERIALS (RECIPIENT):**

**Primary address of receiving firm/institution:**

**Recipient Investigator: \_\_\_\_\_\_\_\_Phone: (\_\_\_) Email:**

**Contact person for receiving firm/institution for questions and/or negotiations of MTA:**

**Name: Phone: (\_\_\_) Email:**

**Nature/involvement of the material to be transferred (*please check all that pertain*):**

|  |  |  |
| --- | --- | --- |
| [ ]  Biohazardous or infectious | IBC#: | IBC last approval date: |
| [ ]  Recombinant DNA |
| Requested material [ ]  is [ ]  is not from restricted or [Risk Group 3 or 4](http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc446948310) organisms. Requested material [ ]  does [ ]  does not encode toxic molecules.  |
| [ ]  To be used in humans | IRB#: | IRB last approval date: |
| [ ]  To be used in vertebrate animals | IACUC#: | IACUC last approval date: |
| [ ]  Radioactive Sublicense under name: | [ ]  Subject to export controls |
| [ ]  Oncomouse technology | [ ]  Cre-Lox technology | [ ]  Select agent (Patriot Act) |

**Briefly describe RECIPIENT’S intended use of MATERIAL (RESEARCH PLAN):**

**Period planned for RECIPIENT’S possession & use of MATERIAL:**

**Limit time of use?** □ No □ Yes **How long?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does this MATERIAL transfer involve collaboration with the Recipient Investigator?** □ No □ Yes

**If Yes, is there a written collaboration agreement?**  □ No □ Yes

**Was this MATERIAL developed solely in your lab at TTUHSC and is considered proprietary to TTUHSC?** □ No □ Yes  **If No, where was it developed and by whom?**

**Was this MATERIAL originally obtained from a source outside TTUHSC?** □ No □ Yes  **If Yes, identify the original source**:  **Is there an MTA?** □ No □ Yes

**Does this MATERIAL contain or was it derived from material(s) received from others?** □ No □ Yes **If Yes, identify the other material(s) and the providers and any MTA:**

**Has a description of this MATERIAL been published?** □ No □ Yes **If Yes, provide full citation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the MATERIAL patented/patent pending?** □ No □ Yes □ Unsure  **File number**\_\_\_\_\_\_\_\_

**Has the MATERIAL been disclosed to TTUHSC’s Offices of Research Commercialization as a potential invention?** □ No □ Yes

**If Yes, provide file number**

**Do you want a copy of the research results from the RECIPIENT?** □ No □ Yes

**Do you want to review the RECIPIENT’S findings prior to their publication?** □ No □ Yes

**Do you wish to review any proposed publications or presentations?** □ No □ Yes

**Do you want to be acknowledged in any RECIPIENT publication?** □ No □ Yes

Do you wish to be reimbursed by the RECIPIENT for the cost of preparing/shipping this MATERIAL? □ No □ Yes If Yes, please provide the cost:

**Do you want the RECIPIENT to return or destroy any remaining MATERIA after completing the RESEARCH PLAN?** □ Return □ Destroy

**What is the likelihood of an invention resulting from the RECIPIENT’S use of this MATERIAL?** □ Highly possible □ Somewhat possible □ Not expected

**Is this MATERIAL a select agent or toxin as defined by the federal government? See** [**www.cdc.gov/od/sap/docs/salist.pdf**](http://www.cdc.gov/od/sap/docs/salist.pdf) **for a list of select agents and toxins**. □ No □ Yes **Do you have a license? If Yes, please describe**

**To the best of my knowledge, the information I have provided is true and accurate:**

Principal Investigator/Scientist (*Signature/Date*) Approved: Department Chair (*Signature/Date)*