KU RESEARCH
The University of Kansas
LAWRENCE Campus

Inbound Material Transfer Agreement Questionnaire

This form is to be used when requesting materials using a Material Transfer Agreement (MTA). The information you provide will aid in reviewing the agreement.

KU RECIPIENT SCIENTIST'S INFORMATION

Recipient Scientist Name

Department

Title

Phone Number

Email Address

Shipping Address – Street/PO Box

Shipping Address – City, State, Zip

PROVIDER SCIENTIST'S INFORMATION

Provider Scientist's Name & Title

Provider Scientist's Email Address

Provider Organization Name

Provider Organization Address

Name (*Common & Technical*) and detailed description of Material(s):

Name of study in which Material(s) will be used (please include IRB number, if applicable):

Brief description of how Material(s) will be used:

Yes ☐ No ☐ **1. Is the Material(s) available commercially or through any other sources such as a Research Reagent Bank or Repository (e.g. ATCC, Hybridoma Bank)?**

2. Will the Material(s) be used in…

Yes ☐ No ☐ Humans or as part of a clinical trial?

Yes ☐ No ☐ Vertebrate animals?

3. Is the Material …

Yes ☐ No ☐ Infectious (human, animal or plant pathogen), source material from a human, animal or plant or considered biohazardous? If Yes, you need approval from EHS/IBC.
What is the biohazard material of concern:

If you already have approval from EHS/IBC, please provide the Approval #:

Yes ☐ No ☐ Recombinant or synthetic nucleic acid molecules?
If yes, please provide rDNA/IBC Approval #:

Yes ☐ No ☐ A radiological hazard(s)?
If Yes, are you approved by the Radiation Safety Committee? Yes ☐ No ☐
Please provide RAD Approval # :

Yes ☐ No ☐ Stem cells?
If Yes, please specify:
If human and embryonic stem cells, please provide NIH registry #:

Yes ☐ No ☐ Select agents and/or toxins as defined by the CDC/USDA?
(See: http://www.selectagents.gov/SelectAgentsandToxinsList.html)

If Yes, provide --
EHS Biosafety Approval #
IBC Approval #

Yes ☐ No ☐ **4. Has the Material(s) been described in a publication?**

Yes ☐ No ☐ **5. Do you intend to publish the findings from your research?**
If Yes, how soon after the conclusion of your research do you intend to publish?
☐ 3-6 months ☐ 1 year ☐ more

Yes ☐ No ☐ **6. Will you receive any information about the Material(s) that might be considered confidential or proprietary?** *If unsure, please leave blank.*

7. Please indicate the estimated length of time the research will take:

Yes ☐ No ☐ **8. Do you anticipate that any new inventions, modifications, derivatives, or useful discoveries will be developed from your use of the Material(s)?**

If Yes, please identify and briefly discuss:

Yes ☐ No ☐ **9. Will the Material(s) be combined with other materials obtained from third parties?**

If Yes, was the Material(s) obtained by KU under an MTA or other terms & conditions? Yes ☐ No ☐

If Yes, provide source name and when obtained:

Yes ☐ No ☐ **10. Will students be using the Material(s)?**

11. Will the Material(s) be used in research funded by:

Yes ☐ No ☐ The Provider of the Material(s)?

Yes ☐ No ☐ An industry sponsor that is not the Provider of the Material(s)?

If Yes, please provide sponsor's name and project title:

Yes ☐ No ☐ A non-profit entity?

If Yes, please provide non-profit's name and project title:

Yes ☐ No ☐ Federal contracts or grants?

If Yes, please provide the name of the federal agency:

If Yes, please provide the Contract or Grant number:

Yes ☐ No ☐ **12. Do you have any issued or pending patents, or have you ever filed an invention disclosure with KUIC, related in any way to the study in which the Material(s) will be used?**

If yes, Patent No./Disclosure No.:

If you **ARE NOT** receiving human samples/tissue, CLICK HERE to go directly to the signature line.

If you **ARE** receiving human samples/tissue **NOT** from a commercial repository (eg. Addgene, ATCC, etc.), you must complete the following section:

*NOTE: This section applies to **ANY** specimen obtained from clinical patients or human research subjects, e.g.: fixed, frozen or fresh pathology or autopsy specimens, any blood, urine, saliva, semen, breast milk or other biological material obtained from humans, any purified DNA, RNA, proteins, cell lines or clones, whether collected for clinical purposes or specifically for research.*

Questions for Receiving Human Samples/Tissue

Yes ☐ No ☐ **1. Will any patient information or other clinical data be transferred with the Material(s)?**

If Yes, will the information/data contain any of the following identifiers? *(please check all applicable boxes)*

☐ Name	☐ Town, city, state, or ZIP code	☐ Electronic mail address
☐ Telephone number	☐ Fax number	☐ Account number
☐ Social security number	☐ Medical record number	☐ Web URL's
☐ Certificate/license number	☐ Full face photographic images	☐ Biometric identifiers *(e.g., finger and voice prints)*
☐ Medical device identifiers and serial numbers	☐ Internet protocol (IP) address	☐ Age in years, months, days, or hours
☐ Any other identifier or combination of identifiers likely to identify the subject		☐ Vehicle Identification number or serial number, including license plate number
☐ Dates (except year) (e.g., admission, discharge, service, date of birth, date of death)		
☐ Street Address (*other than town, city, state, or ZIP*)		☐ Health plan beneficiary number
☐ **NONE** of these identifiers will accompany the Material(s)		

Yes ☐ No ☐ **2. Has the Material(s) been tested or certified to be "human blood-borne pathogen" free (i.e. HIV, HBV, Tuberculosis, etc.)**

If not or unknown, it must be considered containing human blood-borne pathogens and must be handled/treated as biosafety level 2. If it is certified by the provider as not containing human BBP's, it is risk group 1, biosafety level 1.

Yes ☐ No ☐ **3. Will the Material(s) be used to try to establish the safety and effectiveness of an FDA-regulated device?**

Yes ☐ No ☐ **4. Was the Material(s) specifically collected for the study in which KU will be using the Material(s)?**

Yes ☐ No ☐ **5. Does the Provider Scientist have any involvement in the recipients using the Material other than providing the Material? For example: is the Providing Scientist interpreting or analyzing data or co-authoring presentations or publications?**

Please be aware: There may be terms and conditions in the Material Transfer Agreement which preclude your use of the Material(s) in research sponsored by industry, limit your ability to commercialize your inventions or prevent you from obtaining other materials for the same project. Please let KU Center for Research know of any special concerns you may have, or rights you will require, with respect to the Material(s).

Please provide any additional comments you may have:

I represent and warrant that all information provided in this questionnaire is accurate to the best of my knowledge after reasonable inquiry.

_____ _____

Recipient Scientist Signature ***Date***

Please save the completed document and email it to your reviewer or to indcontracts@ku.edu.

Thank you for your cooperation!

Office of Research
Contract Negotiations
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Lawrence, KS 66045
785-864-7431