KU RESEARCH
The University of Kansas

Outbound Material Transfer Agreement Questionnaire

This form is to be used when sending materials using a Material Transfer Agreement (MTA). The information you provide will help KUCR determine whether an MTA is needed and aid in drafting the agreement.

KU PROVIDER SCIENTIST'S INFORMATION

Provider Scientist Name | **Department**

Title | **Phone Number**

Email Address

RECIPIENT SCIENTIST'S INFORMATION

Recipient Scientist's Name & Title

Recipient Scientist's Email Address

Recipient Organization Name

Recipient Organization Address

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

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)?**

Yes ☐ No ☐ **2. Is the Material(s) subject to an invention disclosure or patent application made or to be made to KU Center for Technology Commercialization?**

If Yes, list disclosure number: _____

Yes ☐ No ☐ **3. Is the Material being sent out as part of a sponsored research project at KU?**

If Yes, please provide the sponsor's name, project title and contact or grant number.

Sponsor Name: _____

Project Title: _____

Contact or Grant Number: _____

Yes ☐ No ☐ **4. Have you contacted your campus' EHS department regarding the shipment for dangerous goods and shipping requirements assessment?**

Contact your EHS office for more information.

- KU Department of Environment, Health & Safety (EHS) (785-864-0224)
- KUMC Department of Environment, Health & Safety (EHS) (913-588-1081)

Yes ☐ No ☐ **5. Has the Material(s) been described in a publication?**

If No, how soon do you intend to publish?

☐ 3-6 months ☐ 1 year ☐ more

6. Please indicate the estimated length of time Recipient's research will take:

_____

Yes ☐ No ☐ **7.** **Was the Material(s) obtained by KU under an MTA or other terms & conditions?**

If Yes, provide source name and when obtained:

Yes ☐ No ☐ **8.** **Was the Material(s) developed using or incorporating essential components of other material from a third party?**

If Yes, please identify "other materials", provider and type of agreement under which "other materials" were obtained.

Yes ☐ No ☐ **9.** **Should a fee be charged to the Recipient for shipping & handling, or transfer of the Material(s)?**

If Yes, state the amount:

Yes ☐ No ☐ **10.** **If your transfer involves live animals, have you contacted your campus' animal care office to arrange animal transport?**

- KU Animal Care Unit (785-864-8844)
- KUMC Animal Research Protection Program (913-588-7352)

Export Control Questionnaire

1. **Country of Origin of Material**(s)**:**

2. **Value of Material**(s) *(in US Dollars)*

3. **Who will ship the Material**(s) **and how:**

Yes ☐ No ☐ 4. **Is there a military application for the Material**(s) *(Can the Material(s) be used as weapons)***?**

Yes ☐ No ☐ 5. **Does the Recipient Scientist or Recipient Organization intend to re-export the Material**(s)**?**

If Yes, to whom and to what country?

6. **What is the final intended end use of the Material**(s)**?**

Yes ☐ No ☐ 7. **Is the Material**(s) **controlled as hazardous, infectious, or toxic agents?**

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

If you **ARE** providing human samples/tissue, 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 Required for All Human Samples

Yes ☐ No ☐ **1. Was the Human Sample collected or created at any KU campus?**

If Yes, please specify the KU campus: _____

If No, please describe how the Human Sample came into your possession.

_____

2. In what context was the Human Sample collected or created?

- ◯ During a clinical trial or other human subjects research that was subject to IRB oversight. (*i.e., sample source or guardian signed a consent form, unless IRB waived consent requirement. If you select this option, please provide a copy of the consent form or waiver* - PLEASE ALSO COMPLETE SECTION 2).
- ◯ Specifically for a repository that is subject to IRB oversight. (*e.g., additional tissue for research use was extracted during a surgery completed for clinical care. Sample source or guardian signed a consent form. If you select this option, please provide a copy of the consent form*).
- ◯ Human Sample is left over from analyses completed for clinical care.
- ◯ Other (*please describe in detail*)

_____

Yes ☐ No ☐ **3. Will any of the following identifiers be provided with the Human Samples?**

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

☐ Name	☐ Specified ages 90 or above	☐ Web URL's	☐ Electronic mail address
☐ Telephone number	☐ Age in years, months, days, or hours	☐ Fax number	☐ Account number
☐ Social security number	☐ Town, city, state, or ZIP	☐ 5 or 9 digit ZIP codes	☐ Full face photographic images
☐ Certificate/license number	☐ Health plan beneficiary number	☐ Internet protocol (IP) address	☐ Medical record number
☐ Medical device identifiers and serial numbers		☐ Biometric identifiers *(finger and voice prints)*	
☐ Street Address (other than town, city, state, or ZIP)		☐ Geographic subdivisions smaller than a state (i.e. county, city, town, precinct)	
☐ Vehicle Identification number and serial number, including license plate number		☐ Dates (except year), e.g. date of birth; admission, discharge; date of procedure; date of death	
☐ Any other unique identifying number, characteristic or code that could be used by the researcher to identify the individual.		☐ Any other identifier or combination of identifiers likely to identify the subject.	
☐ All elements of dates except year directly related to an individual, including birth or death or dates of health care services or healthcare claims			
☐ **NONE** of these identifiers will accompany the Material(s)			

Additional Questions for Human Samples from Clinical Trials or Other Human Subjects Research

1. Is the Human Sample being transferred from KU for a *primary* use, a *future* use, or *both*?

◯ Primary Use	The Human Sample is being transferred for the purpose of the protocol under which it was collected. *(eg., a clinical trial sample is being transferred for analysis that is part of such clinical trial.)*
◯ Future Use	The Human Sample is being transferred for a purpose other than that of the protocol under which it was collected. *(eg. a blood sample collected as part of an earlier research project is being reanalyzed as part of a new research project)*
◯ Both	*(eg. the recipient of the Human Sample is performing an analysis required by the protocol under which the Human Sample was collected, but <u>also</u> keeping leftovers for a distinct research project.)*

2. Is there a clinical trial agreement (CTA) or any other contract (including any grants) from a research sponsor or contributor that relates to the project under which the Human Samples were collected? If so, please send a copy of the full agreement(s).

☐ Yes ☐ No

PLEASE NOTE: The transfer of Material(s) with identifiable information carries additional requirements (e.g. patient consent and authorization) under federal human subjects regulations and/or the HIPAA Privacy Rule. KU as the provider of the Material(s) is responsible for assessing what measures are needed to comply with these requirements, so having a complete and accurate understanding of the information accompanying Material(s) is critical.

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 reasonably inquiry.

_____ _____

Provider 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
2385 Irving Hill Road
Lawrence, KS 66045
785-864-7431