

Material will be sent (please select): • To CWRU • From CWRU

Email to: cwru-mta@case.edu

<p>CWRU Faculty Member</p> <p>Name:</p> <p>Email:</p> <p>Phone:</p> <p>Department:</p> <p>Lab Contact:</p>	<p>Outside Organization Information</p> <p>Institution/Company:</p> <p>PI Name:</p> <p>Email:</p> <p>Phone:</p>
<p>Person completing this form (if not faculty member above)</p> <p>Name:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</p>	<p>Outside Organization Legal/Administrative Contact</p> <p>Name:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</p>

1. Will this transfer take place as part of a funded project (e.g. collaborative grant, subaward, sponsored research agreement, etc.) between CWRU and the Outside Organization?

- Yes
- No

If YES, please provide the following:

- (1) Project Title:
- (2) Project Description:
- (3) Funding Proposal Number (this is the number from Sparta):

What is the specific (scientific) FULLNAME of the material that is being transferred?

Material Type:

(i.e., plasmid, vector, bacteria, virus, gene, cell line, human embryonic stem cell line, human blood or tissue, animal tissue, live animal name, chemical compound, software, database, gene chips or other devices, etc.) Specify if it is an organism, tissue, cells, or plasmid, etc.

Please email the completed form and any attachments to cwru-mta@case.edu as fully as possible in order to expedite the process of completing the MTA.

4. Please indicate whether the material is:

Animal/GMO

Biological

Chemical

5. Is the material of human origin? (blood, serum, plasma, urine, stool, tissue, etc.)

Yes (If Yes) What is the CWRU or UH IRB protocol number, or N/A

If YES, please attach a copy of your IRB protocol, approval/exemption letter, and ICFs, as applicable

If NO or N/A - please contact the CWRU IRB (cwru-irb@case.edu) for assurances as an MTA cannot be executed until IRB has provided approval or exemption.

No

6. Is the material hazardous?

Yes (If Yes) what type? Radioactive Infectious Chemical Other

(If Yes) please contact CWRU Environmental Health and Safety (EHS)

cwru_ehs@case.edu for proper instruction/approval before transferring the Material.

No

7. (If sending material) Does the material incorporate or is it a modification of material received from a third party?

Yes (If Yes) What is the name of the third-party material?

(If Yes) What is the name of the provider organization?

(If Yes) Do you have written permission to transfer the material?

No

8. Do you intend to collaborate with the Recipient?

Yes (If Yes) Please explain:

(If Yes) Is co-publication anticipated? Yes No

No

9. Will you be providing or receiving any unpublished or confidential information with the material?

Yes No

10. Is this material described in an Invention Disclosure on file with TTO?

Yes (If Yes) Please provide Invention reference #:

No

11. Do you anticipate that new inventions will be developed from use of the Material? Yes No

Please email the completed form and any attachments to cwru-mta@case.edu

THIS IS ONLY A REQUEST FORM AND NOT AN ACTUAL AGREEMENT

12. Is this material the subject of any other agreement (license, sponsored research, or other)?

- Yes (If Yes) Please describe:
- No

13. Please indicate the funding source/agency for your research with the material at CWRU:

- Government funding/grant (C)-13 3 2_0 11 Tf I aro

Please email the completed form and any attachments to loru-mta@case.edu

THIS IS ONLY A REQUEST FORM AND NOT AN ACTUAL AGREEMENT