

MATERIAL TRANSFER AGREEMENT (MTA) ROUTING FORM

| | | |
|---|---|---|
| Originating College/Unit.: | Provider Name & Address and Point of Contact: | |
| PI: _____ | Phone: _____ | Email: _____ |
| Co – PI: _____ | Phone: _____ | Email: _____ |
| Project Title: | | |
| Name/Description of the Material: | | |
| Remarks/Special Instructions | | |
| Conditions Requiring Special Consideration Note: Protocols and special approvals should be prepared/requested AS EARLY AS POSSIBLE | | |
| YES | NO | |
| | | Is the Material to be used in living persons? If YES, please provide IRB approval # _____ |
| | | Is the Material obtained from a living person? If YES, please attach a copy of the Provider's IRB approval letter. |
| | | Is the Material a live vertebrate animal? If YES, please provide IACUC protocol # _____ |
| | | Is the Material to be used in a live vertebrate animal? If YES, please provide IACUC protocol # _____ |
| | | Is the Material radioactive, does it contain a radioactive source, or does the device generate ionizing radiation? |
| | | Is the Material subject to hazardous materials transportation regulations? |
| | | Is the Material classified as a RCRA hazardous waste? |
| | | Is the Material recombinant DNA? If YES, please provide IBC approval # _____ |
| | | Is the Material infectious or biohazardous? If YES, please provide IBC approval # _____ |
| | | Does the research involve human embryonic or fetal stem cells and/or embryo research? |
| | | Do any of the involved MSU researchers have a financial relationship with the Provider such as consulting, serving on an Advisory Board or Board of Directors, or ownership of stock or stock options? If yes, describe the relationship on a separate sheet. |
| | | Do any of the involved researchers receive gift funds from Provider? |
| | | Will you be modifying the Material? If so, how? |
| | | Will the Material be used in any research funded by the Provider? If so, please provide the sponsor(s) name(s), project title(s) and university fund number(s). |
| | | Will the Material be used in any research project that is funded by industry sponsor(s) other than the Provider? If so, please provide the sponsor(s) name(s), project title(s) and university fund #. |
| | | Will the Material be used in any research funded by federal contracts or grants? If so, please provide the sponsor(s) name(s), project title(s) and university fund #. |
| | | Will the Material be used in conjunction with other Materials from commercial parties? If so, what are these other Materials and who provided them? Were Material Transfer Agreements signed for these other Materials? |
| | | Is the Material commercially available for purchase? |
| PI Certification | | |
| <i>I certify that the information I have provided about this project is accurate. Furthermore, I certify that I will direct this project in compliance with Mississippi State University policies, with the terms and conditions of Mississippi State University's agreement with the provider and with all applicable laws and regulations and will uphold the responsibilities of PIship.</i> | | |
| Signature: | Date: | |
| Department Head Signature: | Date: | |

As required, SPA may contact Legal Counsel, Technology Commercialization, Regulatory Compliance and the Conflict of Interest Committee for assistance with review.