



A PI/PD should complete this Material Transfer Request Form when requesting research materials from another organization or researcher. Please submit this form to SPARC.

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| LC Requestor Information | | | |
|--------------------------|--------|-------------|-----------------------------|
| PI/PD First Last Name | Title: | Department: | Lab Manager First Last Name |

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| Provider Information | | | |
|---|-------|-------------------|-------|
| Provider Organization Name: | | Type of Entity AA | |
| Provider Administrative/Legal Contact Information First Last Name | | Phone | Email |
| Providing Scientist Name | Title | Phone | Email |

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| Material being requested | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|-------------------|----------------------------------|-----------|---------------|------|---------------|-------|-----------------------|--------|--------------|----------------------------------|-----------------------|----------------------|---------|--|--------------------|------------|----------|--|
| Provide the exact name of the material you are requesting. Please specify the full name including strain, backbone, insert, expression host, and other identifiable information. Include provider website, citation or description if available. | | | | | | | | | | | | | | | | | | | | |
| Describe material type (check all that apply): <table border="0"> <tr> <td>Animal Model</td> <td>Compound/Molecule</td> <td>Human Origin</td> <td>Stem Cell</td> </tr> <tr> <td>Animal Origin</td> <td>Data</td> <td>Other Nucleic</td> <td>Virus</td> </tr> <tr> <td>Antibody (monoclonal)</td> <td>Device</td> <td>Acid Plasmid</td> <td>Other (if other please describe)</td> </tr> <tr> <td>Antibody (polyclonal)</td> <td>Genetically Modified</td> <td>Protein</td> <td></td> </tr> <tr> <td>Bacteria Cell Line</td> <td>Human Data</td> <td>Software</td> <td></td> </tr> </table> | Animal Model | Compound/Molecule | Human Origin | Stem Cell | Animal Origin | Data | Other Nucleic | Virus | Antibody (monoclonal) | Device | Acid Plasmid | Other (if other please describe) | Antibody (polyclonal) | Genetically Modified | Protein | | Bacteria Cell Line | Human Data | Software | |
| Animal Model | Compound/Molecule | Human Origin | Stem Cell | | | | | | | | | | | | | | | | | |
| Animal Origin | Data | Other Nucleic | Virus | | | | | | | | | | | | | | | | | |
| Antibody (monoclonal) | Device | Acid Plasmid | Other (if other please describe) | | | | | | | | | | | | | | | | | |
| Antibody (polyclonal) | Genetically Modified | Protein | | | | | | | | | | | | | | | | | | |
| Bacteria Cell Line | Human Data | Software | | | | | | | | | | | | | | | | | | |
| Check all that are true about the material <input type="checkbox"/> It is chemically or biologically hazardous material. <input type="checkbox"/> It is recombinant DNA (including transgenic plants, human, animal or plant pathogens, or biological toxins or products). <input type="checkbox"/> It is radioactive. <input type="checkbox"/> It is subject to federal export control regulations. <input type="checkbox"/> It is a virus, rickettsiae, bacteria, toxin, fungi, or mycoplasma, or the genetic elements of such items | | | | | | | | | | | | | | | | | | | | |
| Description of research to be conducted with the material(s) (Attach additional pages if necessary) | | | | | | | | | | | | | | | | | | | | |
| How will the material be used in the research (check all that apply): <input type="checkbox"/> Product testing and evaluation for the providing organization <input type="checkbox"/> The material is a tool, kit, or instrument that will be used in the conduct of research <input type="checkbox"/> The material is a reagent <input type="checkbox"/> The material will be used to make progeny, unmodified derivatives or descendant copies of the material(s) <input type="checkbox"/> The material will be modified or used to produce modifications <input type="checkbox"/> The material will make derivatives of, modify or create a substance that contains or incorporates the material or is cross-bred <input type="checkbox"/> The material will be reverse-engineered <input type="checkbox"/> Other (if other please describe) | | | | | | | | | | | | | | | | | | | | |

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| How long do you plan to use the material (maximum of 10 years)? |
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| Questions (if yes, please describe) | YES | NO |
|---|-----|----|
| <p>1. Will the research using the material(s) be under any of the following? Check all that apply</p> <p>Human subjects research protocol Animal care & use protocol Institutional Biosafety Committee protocol</p> <p>If you checked any of the boxes above, please provide the appropriate compliance committee approval numbers and the current status of the review</p> | | |
| 2. Do you or any of your family members have a financial or non-financial relationship with the provider organization (income, consulting, gift, ownership or management position)? | | |
| 3. Do alternative sources of the material exist or is this material commercially available? | | |
| 4. Will the materials be used in conjunction with any other materials received from another organization? If yes identify the material, the provider, and whether it was obtained it under an MTA or other agreement. Do not include materials purchased without restrictions | | |
| 5. Are the materials relevant to any previous, pending, or planned disclosures of inventions from your lab? | | |
| 6. Are you receiving these materials as a straightforward transfer of materials, and not to collaborate in any other way? If no, please describe collaboration. | | |
| 7. Have any confidentiality, nondisclosure, or other agreements from the provider been signed which relate to the materials? | | |
| 8. Please describe how your research is funded, including internal and external sources; add agency and award number. | | |

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Please provide any additional relevant information and/or specify any special circumstances related to this material request:

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PRINCIPAL INVESTIGATOR CERTIFICATION: I certify that the information contained in this Material Transfer Request Form is true, accurate, and complete. I agree to comply with current institutional policies and applicable regulations.

| | |
|------------|--------|
| Name: | Title: |
| Signature: | Date: |

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SPARC NOTES:

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Approvers:

| | | | |
|-------------------------------------|------------|-----------|-------|
| Compliance Committee Chair Name: | Committee: | Signature | Date: |
| Authorized L&C Representative Name: | Title: | Signature | Date: |