Request to Draft a Material Transfer Agreement (MTA)

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| Section A – Project Contact Information | | | | | | | | | | | | |
| Collaborating Organization: | | | | | | | |  | | | | |
| Organization’s Primary Project Contact: | | | | | | | | | | | |  |
| Address: | |  | | | | | | | | | | |
| Phone: |  | | | | | | | | | | | |
| Fax: |  | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | |
| UM’s Primary Project Contact: | | | | | | | | | |  | | |
| UM Position Title: | | | | |  | | | | | | | |
| UM Department: | | | |  | | | | | | | | |
| Phone: |  | | | | | | | | | | | |
| Fax: |  | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | |
| Section B – Nature of Agreement Requested | | | | | | | | | | | | |
| Description of Materials to be Transferred: | | | | | | |  | | | | | |
| For Biological or Chemical Transfers: (check all that apply) | | | | | | | | | | | natural or semisynthetic compound  synthetic compound  extracts  other: | |
| DOES THE MATERIAL TO BE TRANSFERRED REQUIRE APPROVAL FROM ANY OF THE FOLLOWING, AND IF SO IS THAT APPROVAL LETTER ATTACHED? | | | | | | | | | | | MTAs for live animals must have protocol(s) reviewed and approved by the Institutional Animal Care and Use Committee (IACUC).  MTAs for human participant research must have protocol(s) reviewed and approved by the Institutional Review Board (IRB).  MTAs for rDNA, organisms pathogenic to humans, and human blood, fluids, or tissues must have protocol(s) reviewed and approved by the Institutional Biosafety Board (IBC). | |
| Direction of transfer: | | | | | | materials will be sent **FROM UM\*** to collaborating organization  materials will be sent from collaborating organization **TO UM**  materials will be exchanged between **BOTH\*** parties | | | | | | |
| \*Have these materials been sent to other organizations? | | | | | | | | | | YES NO  where? | | |
| Have materials already been sent or received? | | | | | | | | | | YES (attach supporting documentation) NO  when? | | |
| Purpose of Materials Exchange: | | | | | | | | |  | | | |
| What will UM do under this agreement? | | |  | | | | | | | | | |
| What will collaborating organization do under this agreement? | | | | | | |  | | | | | |
| If materials are being sent TO UM will they be sent BY UM to any other organizations? | | | | | | | | | | YES NO  what organizations and for what purpose? | | |
| Is this collaboration part of an existing or pending grant? | | | | | | | | | | YES NO  agency and timing: | | |
| Will Federal Government Funds be used to support the research utilizing the material? | | | | | | | | | | YES NO  agency and account #: | | |
| Do you intend to publish your findings? | | | | | | | | | | YES NO | | |
| (IF APPLICABLE) Are you willing to provide and advance copy of the publication to the other organization for review? | | | | | | | | | | YES NO | | |

For more information or assistance, contact ORSP Division of Technology Management

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