



Children's Research Institute

Inbound Material Transfer Agreement (MTA) Review Form

This form must be completed and submitted to the Office of Innovation Development if you wish to receive materials from another organization or company.

A Material Transfer Agreement (MTA) is a contract that governs the transfer of tangible research materials between two organizations when the recipient intends to use it for his or her own research purposes. The MTA defines the rights of the provider and the recipient with respect to the materials and any derivatives.

INSTRUCTIONS: Submit this completed form to the Office of Innovation Development & a copy of the MTA from the providing institution or company to: jgreen@childrensnational.org. If you have questions regarding this form, please contact **Joy Green** at: **202-476-4820**.

Please be sure to fill this form out as completely and accurately as possible to avoid delays. Upon receipt, the Office of Innovation Development & Legal will review the incoming MTA and facilitate necessary signatures. If further negotiations are required, legal counsel for CRI will contact you.

GENERAL INFORMATION

CRI Recipient Information:

Recipient's Name: _____

Center Director: _____

Location: _____

(Suite #, Floor and/or Lab or Off-Site Location
Address)

Phone Number: _____

E-mail Address: _____

Provider Information:

Provider's Name: _____

Type of Organization: ☐ Academic/Non-profit ☐ Corporate/Industry

Address: _____

Phone Number: _____

E-mail Address: _____

MATERIAL & PROJECT INFORMATION

Name and description of Material requested:

The Research Project: Please provide a brief but complete description of how the materials will be used.

☐ Yes ☐ No Will this be a one time material transfer?

☐ Yes ☐ No Is the Material, or its nucleic acid or genetic elements, on the list of Select Agents and Toxins List described in the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188? (See: [Select Agents & Toxins List](#))
Note: If yes, the BioSafety Officer will contact you.

☐ Yes ☐ No Is the Material a transgenic animal expressing a recombinant activated oncogene or cell lines derived from such an animal?

☐ Yes ☐ No Does the Material contain a recombinant cre gene or lox site or otherwise use the cre-lox system?

☐ Yes ☐ No Does the Material include tissue samples from humans?

☐ Yes ☐ No Will the Material be used for the diagnosis/evaluation of patients?



If the Provider is an academic or non-profit institution, skip to the last page and obtain the signatures required.

If the Provider is a company continue completing the remainder of this form.

- ☐ Yes ☐ No Will you be creating derivatives or modifying the requested Material or its progeny in any way (e.g. sub-cloning plasmids, mutagenizing, transfecting cell lines, chemically modifying compounds, cross-breeding animals, etc)?
- ☐ Yes ☐ No Can the Material be purchased from a commercial vendor or another source that may have less restrictive requirements?

PROJECT SUPPORT

Please specify the source(s) of funding that will be used to conduct the Research Project using the Material (check all that apply and provide grant numbers where appropriate):

- ☐ Industry sponsored research funding Please specify: _____
- ☐ Federal Funding Please specify: _____
- ☐ Foundation or Non-Profit Grant Please specify: _____
- ☐ SPF Please specify: _____
- ☐ Other Please specify: _____

- ☐ Yes ☐ No Will anyone working on the Research Project using the Material be paid using funds from another commercial party?

- ☐ Yes ☐ No Does your laboratory currently receive funding from another commercial party for any other project?

If yes, please provide details:

- ☐ Yes ☐ No Will the Material be used in conjunction with other materials or equipment received or requested (not purchased) from other providers?

If yes, please provide:

Name of Provider: _____

Material and/or Equipment provided: _____

Material was transferred under (choose one):

- ☐ Material Transfer Agreement ☐ Sponsored Research Agreement ☐ Other Type of Agreement

- ☐ Yes ☐ No Will the Provider actively collaborate with you on the Research Project?

- ☐ Yes ☐ No Will you be collaborating with anyone else on the Research Project other than the Provider?

If yes, please provide:

Individual Name: _____

Individual's Organization: _____

- ☐ Yes ☐ No Will any trainee(s) (including graduate, medical, dental, post-doctoral fellows, or other students) work on the Research Project?

POTENTIAL FOR CONFLICT OF INTEREST

☐ Yes ☐ No Do you, a member of your family (dependant, minor or spouse), or anyone in your household with whom you have a committed relationship hold any equity (stock, securities, options or similar interests) in the company providing the Material?

If yes, please provide details:

☐ Yes ☐ No Do/will you serve on the Board of Directors or Board of Trustees for the Provider?

SIGNATURES

By signing this, we certify that to the best of our knowledge the information provided is accurate and complete.

Recipient:

Signature

Name (Please Print)

Recipient's Center Director:

Signature

Name (Please Print)

NOTE: If Recipient is a Center Director, please have Scientific Director sign. If Recipient is the Scientific Director, please have the Director sign.