

When completed submit via:
 Intellectual Property Office
 M.L. 0829
 (513) 558-6293 or Fax (513) 558-2296

**University of Cincinnati
 Material Transfer Agreement Request Form**

Case No. (this space for IPO use only)

1. INITIATING PRINCIPAL INVESTIGATOR:	Phone Number	COLLEGE & DEPARTMENT
2. Are the materials being transferred to another entity (Out) or Brought into the University (In)? Check One: Material being sent out from UC Material being delivered to UC		
3. DESCRIPTION OF MATERIAL(S) BEING TRANSFERRED.		
4. DESCRIPTION OF RESEARCH PROJECT:		
5. Is/are the Material(s) on the current list of CDC/USDA Select Agents? (Please check with the IBC if unsure): YES NO NOTE: If the material is a CDC/USDA Select Agent it will require the BSO's approval for transfer.		
6. What are the Risks Associated with the Material and the Associated Research?		
7. Does this agreement call for UC to pay the other party? YES NO If yes, how much and what account will be charged \$ Account#		
8. Is this the only source for the material? YES NO		
9. Do you think the material and proposed research has the potential to generate any intellectual property? YES NO If yes, please explain:		
10. Will the material be used in research that is sponsored by another entity, such as a private company or federal agency? YES NO If yes, then who is sponsoring the research? Note: If there is an existing sponsored research agreement, the MTA may need Sponsored Research Services Approval.		
11. Will the material be used in combination with any other proprietary materials or information? YES NO If yes, then whose proprietary information?		
12. Name of Other Institution		
13. Name of Other Institution's Researcher: E-Mail Address for Researcher:		Department:
14. Address Information For Other Institution's Investigator: Name: Address: Phone: Fax:	15. Address Information for Other Institution's Contracting Office: (Name, Address, E-Mail, telephone and fax #:) Name: Address: E-Mail: Phone: Fax:	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true.		
_____ Principal Investigator's Signature Date	_____ Biological Safety Officer's Signature (If necessary) Date	
NOTE: By signing, the Principal Investigator hereby certifies that an appropriate plan is in place for managing all health and safety risks involved with receiving and handling the transferred Materials.		