



Material Transfer Request Form

This document is for internal use only – please do not provide it to outside organizations.
 Please submit at least 45 days before the Material is needed

<p>UC Davis Principal Investigator Department: _____ Name & Title: _____ Telephone: _____ FAX: _____ Email: _____</p>	<p>Outside Organization Name of Organization: _____ Name & Title of Scientist: _____ Telephone: _____ FAX: _____ Email: _____</p>
<p>Primary Contact, if other than UC Davis Principal Investigator Name and Title: _____ Telephone: _____ FAX: _____ Email: _____</p>	<p>Legal or Administrative Contact of Outside Organization Name: _____ Telephone: _____ FAX: _____ Email: _____</p>

Please check: UC Davis is Receiving the Material or Providing the Material
If you are Receiving the Material, please submit the Outside Organization's MTA, preferably by e-mail.

Date the Material will be needed: ___/___/___ Dates of the research period: from ___/___/___ to ___/___/___

Specify the Material to be transferred: _____

Origin of the Material: animal human plant other: _____
If Material contains human tissue/blood or if research involves human subject please submit a copy of the IRB approval.

Proposed use of Material (2-3 sentences): _____

The proposed transfer represents: a formal research collaboration or an exchange of Material only

Can the Material be purchased from the providing organization or another source? yes no not sure

Will you make derivatives of the Material or modify the Material? yes no not sure

Will the Material or modifications be incorporated into new research material? yes no not sure

Do you have any related patent disclosures? yes no Specify: _____

Outside institution is: for profit non-profit government private university public university

Do you have a financial relationship with the outside institution (private consulting, stock ownership or the like)? yes no
If yes, please submit a California form 700-U.

If you are receiving the Material, indicate your source of funding (current or anticipated); check all that apply:

- Sponsored research agreement (name of sponsor): _____
- Government funding/grant (name of funding agency): _____
- Gift funds (name of donor): _____
- Department funds
- Other: _____

Any additional information, please provide it here: _____

PI Signature: _____ Date: _____
If PI submits the MTRF by e-mail, your signature is not required.