

Inbound Material Transfer Agreement Questionnaire

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|--|--------------------------|---|
| PI Name: | | Department: |
| Title: | | Phone No: |
| Email Address: | | |
| Provider Organization Name and Address: | | |
| Provider Scientist Name: | | Provider's E-Mail Address: |
| Material: | | |
| Brief Description of how materials will be used: | | |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the Material available commercially or through any other sources such as a Research Reagent Bank or Repository (e.g. Your lab, ATCC, Hybridoma Bank)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2a. Is the Material obtained from a living person? If yes, please provide a copy of the Provider's IRB approval and consent form. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2b. Is the Material of human origin? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2c. If yes, has the Material been tested or certified to be "human blood-borne pathogen" free (i.e. HIV, HBV, Tuberculosis, etc). If not or unknown, it must be considered containing human blood-borne pathogens and must be handled/treated as biosafety level 2. If it is certified by provider as not containing human BBP's, this it is merely risk group 1, biosafety level 1. |
| | | 3. Does the use of the Material(s) involve: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Use in humans or as part of a clinical trial? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Vertebrate animals? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Recombinant DNA? If Yes, specify: Choose an item. Also specify: Choose an item. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Radiological hazard(s)? If Yes, are you approved by the Radiation Safety Committee? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Stem Cells? If yes, please specify: Choose an item. If human and they are embryonic stem cells, please provide NIH registry number: Click here to enter text. |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Select Agents and/or toxins as defined by the CDC/USDA? (See http://www.cdc.gov/od/sap/docs/salist.pdf). If Yes, provide authorization from EHS (http://www.ehs.ku.edu/). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the Material infectious or biohazardous? |
| <input type="checkbox"/> | <input type="checkbox"/> | a. If Yes, do you need approval from EHS? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If Yes, do you already have approval from EHS? |

| Yes | No | |
|--------------------------|--------------------------|---|
| | | 5. Will the Material(s) be used in research funded by: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. The Provider of the Material(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. An industry sponsor? If Yes, please provide sponsor's name and project title: |
| <input type="checkbox"/> | <input type="checkbox"/> | c. A non-profit entity? If Yes, please provide non-profit's name and project title: |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Federal contracts or grants? If Yes, please provide the name of the funding source: If Yes, please provide the Contract or Grant number: |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will the Material(s) be combined with other materials from third parties? |
| | | a. If Yes, please identify "other materials": |
| | | b. Provider of "other materials": |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Were the "other materials" obtained under a Material Transfer Agreement? If Yes, please list name of provider: |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you anticipate that any new inventions or useful discoveries will be developed from your use of the Material(s)? |
| | | a. If Yes, please briefly discuss: |

Please provide any additional comments you may have:

I represent and warrant that all information provided hereunder is accurate.

Signature

Date

Please print the completed document, sign it in the space provided, and return the questionnaire to KUIC via scanned PDF to [indcontracts](#) , fax at 785-864-5272, or in person at KUIC, Youngberg Hall, 2nd Floor.

Thank you for your cooperation.