

**Inbound Material Transfer Agreement Questionnaire**

PI Name:	Department:
Title:	Phone No:
Email Address:	

Provider Organization Name and Address:

Provider Scientist Name:	Provider's E-Mail Address:
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Material:

Brief Description of how materials will be used:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1.</b> 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"/>	<b>2a.</b> 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"/>	<b>2b.</b> Is the Material of human origin?
<input type="checkbox"/>	<input type="checkbox"/>	<b>2c.</b> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>3.</b> 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: <a href="#">Click here to enter text.</a>
<input type="checkbox"/>	<input type="checkbox"/>	f. Select Agents and/or toxins as defined by the CDC/USDA? (See <a href="http://www.cdc.gov/od/sap/docs/salist.pdf">http://www.cdc.gov/od/sap/docs/salist.pdf</a> ). If Yes, provide authorization from EHS ( <a href="http://www.ehs.ku.edu/">http://www.ehs.ku.edu/</a> ).
<input type="checkbox"/>	<input type="checkbox"/>	<b>4.</b> 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	
		<b>5. Will the Material(s) be used in research funded by:</b>
<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"/>	<b>6. Will the Material(s) be combined with other materials from third parties?</b>
		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"/>	<b>7. Do you anticipate that any new inventions or useful discoveries will be developed from your use of the Material(s)?</b>
		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@ku.edu](mailto:indcontracts@ku.edu) .**

**Thank you for your cooperation.**