



Material Transfer Agreement Request Form

Section 1. Principal Investigator (PI) and Lab Contact Information

| | | | | |
|----------|--|-----------|---------------------------------|--|
| PI Name | | | Lab Contact Name (if different) | |
| PI Phone | | PI E-mail | UCSB Department & Mail Code | |

Section 2. Outside Organization Information

| | | | | | |
|-----------------------------|--|--|----------------------------------|--|--|
| Organization Name | | | Address | | |
| Legal Contact Name & E-mail | | | Scientific Contact Name & E-mail | | |

Section 3. Details Regarding the Material

| | | | | | | |
|---|---|---|---|---------------------------------------|--|--|
| UCSB will be: | <input type="checkbox"/> Receiving Material (complete this Section 3 & Section 4) | | <input type="checkbox"/> Providing Material (complete this Section 3 & Section 5) | | | |
| Material is: (check all that apply) | <input type="checkbox"/> Plasmid or Viral Vector | <input type="checkbox"/> Embryonic Stem Cell or Induced Pluripotent Stem Cell (iPSC) | <input type="checkbox"/> Compound/ Chemical | <input type="checkbox"/> Cell Line | <input type="checkbox"/> Human Specimen | <input type="checkbox"/> Animal/Animal Specimen |
| Scientific Description of the Material and Quantity to transfer/receive | | | | | | |
| Will the Material be coming from sources, or sent to entities, outside of the US? | | | <input type="checkbox"/> Yes (specify country (-ies): | | <input type="checkbox"/> No | |
| Anticipated Time Period Material Will Be Used By UCSB/Outside Organization | | | | Begin Date | | End Date |
| Are you receiving any funds (contract, grant, or gift) from the Outside Organization? | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

Section 4. Questions for Incoming Material

| | | |
|--|---|-----------------------------|
| Intended Use of the Material/Scope of Work for Project using the Material: | | |
| Funding source(s) to be used for research with Material (specify Sponsor(s) and award number(s)): | | |
| Do you intend to <i>modify</i> the Material in any way? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Material contain biological matter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you expect to pay any costs associated with the transfer of the Material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the Material be used in humans, or will its use otherwise constitute human subjects research? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please indicate the status of the IRB protocol: | <input type="checkbox"/> IRB protocol has not been submitted yet. <input type="checkbox"/> IRB protocol review is pending. <input type="checkbox"/> Approved IRB protocol number: | |
| Was a decision to undertake this research based on receiving access to the Material by the Outside Organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does a financial relationship exist between the Principal Investigator and the Outside Organization (if not a Federal agency)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you aware of any confidentiality agreements/requirements related to the Material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 5. Questions for Outgoing Material

| | | |
|---|------------------------------|-----------------------------|
| Do you want to charge a fee for the transfer of the Material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you receive the Material from others, and this is a re-transfer of the same Material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Material <u>otherwise</u> contain materials received from others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (For biological materials) Is the Material: <i>derived</i> from materials received from others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>a modification</i> of material rec'd from others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you published on the Materials and/or the related methodology? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Material relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please list the UC Case Number (if known). | | |
| Was the Material developed with any Sponsored Research Funding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please specify the Sponsor(s) and award numbers: | | |

I certify that this information I have provided is an accurate reflection of my understanding.

| | | | |
|------------------------|--|------|--|
| Principal Investigator | | Date | |
|------------------------|--|------|--|

Non-Disclosure/Other Agreement Request Form

| Principal Investigator (PI) and Lab Contact Information | | | | |
|---|--|-----------|---------------------------------|--|
| PI Name | | | Lab Contact Name (if different) | |
| PI Phone | | PI E-mail | UCSB Department & Mail Code | |

| Outside Organization Information | | | | |
|----------------------------------|--|--|---------|--------|
| Organization Name | | | Address | |
| Authorized Official/Contact Name | | | Phone | E-mail |

| Details Regarding the Agreement | | | | |
|---|--|--|----------------------|--|
| Type | <input type="checkbox"/> Nondisclosure Agreement (NDA) <input type="checkbox"/> Other* (please specify): <small>(*Note: Complete the MTA Request Form for MTAs, or the DUA Request Form for DUAs)</small> | | | |
| Purpose of Agreement | | | | |
| Anticipated Begin Date | | | Anticipated End Date | |
| UCSB will be (mark any or both, as applicable) | <input type="checkbox"/> Receiving confidential information <input type="checkbox"/> Disclosing confidential information | | | |
| Does the Agreement relate to a proposal for Sponsored Research? | <input type="checkbox"/> Yes (list ORBiT Record No. if known): <input type="checkbox"/> No | | | |
| Will you either receive or provide any physical materials or samples from the Outside Organization under this Agreement? | <input type="checkbox"/> Yes (please describe): <input type="checkbox"/> No | | | |
| Will any information or materials be coming from sources, or sent to entities, outside of the US? | <input type="checkbox"/> Yes (specify country (-ies): <input type="checkbox"/> No | | | |
| Does this Agreement/the discussions relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office? | <input type="checkbox"/> Yes (please list UC Case Number, if known): <input type="checkbox"/> No | | | |

| Questions for NDAs | |
|---|--|
| Description of the confidential or proprietary information/subject matter to be received and/or disclosed | |
| Will the confidential information include any of the following? (Check all that apply) | <input type="checkbox"/> De-identified Data about Human Subjects <input type="checkbox"/> Personally Identifiable Information <input type="checkbox"/> Limited Data Set <input type="checkbox"/> Covered Defense Information (CDI) <input type="checkbox"/> Controlled Unclassified Information (CUI) <input type="checkbox"/> Export-Controlled Information <input type="checkbox"/> Process Design Kit |
| Are you receiving any funds (contract, grant, or gift) from the Outside Organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What funding source(s) (if different than the above) will be used to support any research using the confidential information? | |

| Questions for Other Agreements | |
|---|---|
| Are there any other agreements (e.g. NDAs, MTAs, sponsored research agreements) that are related to this Agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details: | |
| Will you be receiving/providing any of the following under this Agreement? (Check any that apply) | <input type="checkbox"/> Equipment <input type="checkbox"/> Software <input type="checkbox"/> Data Sets |
| Please share any other pertinent details regarding the Agreement: | |

| <input type="checkbox"/> I certify that this information I have provided is an accurate reflection of my understanding. | |
|---|------|
| Principal Investigator | Date |

Data Use Agreement Request Form

| Principal Investigator (PI) and Lab Contact Information | | | | |
|---|--|-----------|---------------------------------|--|
| PI Name | | | Lab Contact Name (if different) | |
| PI Phone | | PI E-mail | UCSB Department & Mail Code | |

| Outside Organization Information | | | | |
|----------------------------------|--|-------|---------|--|
| Organization Name | | | Address | |
| Authorized Official/Contact Name | | Phone | E-mail | |

| Details Regarding the Data | | | | |
|--|--|--|--|--|
| UCSB will be (mark either or both, as applicable) | <input type="checkbox"/> Receiving Data | | <input type="checkbox"/> Providing Data | |
| Description of the Data to transfer/receive (include if involves human subjects, animal subjects, name of any study in which data was obtained, any identifiers within data set, etc.) | | | | |
| Does the data to be transferred include any of the following? (Check all that apply) | Human Subjects Considerations <input type="checkbox"/> De-identified Data about Human Subjects <input type="checkbox"/> Personally Identifiable Information <input type="checkbox"/> Limited Data Set | | Data Security Considerations <input type="checkbox"/> Covered Defense Information (CDI) <input type="checkbox"/> Controlled Unclassified Information (CUI) <input type="checkbox"/> Export-controlled information | |
| How will the data be transferred/exchanged? (Check all that apply) | <input type="checkbox"/> Electronic Portal (Download or View Only) <input type="checkbox"/> E-mail | | <input type="checkbox"/> Thumb Drive/Hard Drive <input type="checkbox"/> Other (please specify): | |
| Will the data be coming from sources, or sent to entities, outside of the US? | <input type="checkbox"/> Yes (specify country (-ies): | | <input type="checkbox"/> No | |
| Anticipated Time Period Data Will Be Used By UCSB/Outside Organization | Begin Date | | End Date | |
| Are you receiving any funds (contract, grant, or gift) from the Outside Organization? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

| Questions for Incoming Data | |
|--|---|
| Intended Use of the Data/Scope of Work for Project using the Data: | |
| Funding source(s) to be used to support research using the Data: | |
| Will the use of the Data constitute human subject research? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please indicate the status of the IRB protocol: | <input type="checkbox"/> IRB protocol has not been submitted yet. <input type="checkbox"/> IRB protocol review is pending. <input type="checkbox"/> Approved IRB protocol number: |
| Will the data be used in conjunction with any other data received from a 3 rd party? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please provide details (provider, data type) for 3 rd party data: | |
| Are you aware of any security and/confidentiality requirements or considerations related to protections and storage of the data? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details and description for how data will be stored & protected | |

| Questions for Outgoing Data | |
|---|--|
| Do you want to charge a fee for the transfer of the Data? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you receive the Data from others and this is a re-transfer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any expectations for disposition of the data (e.g. return to UCSB, destroy all copies)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please describe: | |
| Does the Data relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list the UC Case Number (if known). | |
| Was the Data developed with any Sponsored Research Funding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please specify the Sponsor(s) and award numbers. | |

| <input type="checkbox"/> I certify that this information I have provided is an accurate reflection of my understanding. | |
|---|------|
| Principal Investigator | Date |