UW Center for Commercialization IP Management

Material Transfer Agreement Questionnaire



To submit a proposal for an Incoming Material Transfer Agreement (MTA), please complete the form below. Completion of the form allows IP Management's Agreements Group to evaluate your proposed MTA.

This process has been designed by IP Management to assist in protecting the intellectual property interests of the UW while meeting any existing UW third-party obligations.

If you have any further questions, please contact the Agreements Group (mta-group@uw.edu).

Principal Investigator (PI):	
Secondary Contact (if different than PI):	
Phone Number:	
E-mail Address:	
Provider:	
Material:	

Please answer the questions below:

1. Is the material you are interested in procuring a human embryonic stem cell line ("hESC")? If yes, please answer the following questions. If no, skip to question 2.

Is the hESC listed on the NIH Registry? If yes, what is the NIH Code and the Provider's Code? Refer to the following website, <u>http://stemcells.nih.gov/research/registry</u>, to see if the hESC you are interested in is listed by the NIH.

If the hESC is not listed on the NIH Registry, have you obtained approval from the UW ESCRO Committee? If so, please provide a copy of the approval.

- 2. Is the material to be used in living persons as part of a clinical study or trial? If yes, then the agreement needs to be reviewed and approved by the Office of Sponsored Programs.
- 3. What is your intended use of the material?

- 4. Please list all sources of funding (e.g. federal government, private foundation, departmental funds, gift, consortium, corporate, royalty research award) which will be used to support any research utilizing the material. Please provide the applicable grant number, if known.
- 5. Do any of the involved researchers receive gift funds from the provider?
- 6. Will the material be used in any research funded by the provider? If so, please provide the sponsor(s) name(s), project title(s) and sponsored project number(s).
- 7. Will students and/or post-docs be working on the project? If so, please provide their sources of funding. If graduate students will be involved, will this research be part of a thesis project?
- 8. Do any of the individuals that will be utilizing the material have other employment affiliations such as the VA, HHMI, CHRMC, or FHCRC?
- 9. Will the material be used with other materials provided by a third party, including other academic colleagues? If so, please identify each of these other materials and who provided them.
- 10. Will you be modifying the material? If so, how?
- 11. Will any progeny be produced (i.e., unmodified descendents from the material, such as virus from virus, cell from cell, etc.)?
- 12. Do you intend to publish or present your findings? If so, are you willing to provide an advance copy of the paper/presentation to the materials provider for review?
- 13. Is the material known to be toxic?

14. Is the material sold commercially? If so, approximately what would the amount of material you are requesting cost? Is the material available from another source? If so, please list all other potential sources.

Feel free to add any additional information that you believe to be pertinent as attachments.

Once you have completed the questionnaire, please sign it and return it to the appropriate address listed below. Alternatively, you can also send the questionnaire electronically to <u>mta-group@uw.edu</u> or via fax to (206) 685-4767. Thank you for your patience and cooperation.

Primary Mailing Address:

University of Washington Center for Commercialization, IP Management Agreements Group 4311 11th Avenue NE, Suite 500 Seattle, WA 98105-4608

On Campus Mailing Address:

University of Washington Center for Commercialization, IP Management Agreements Group Box 354990 Seattle, Washington 98105-4608

Principal Investigator (PI) Certification

I certify that the information I have provided about this project is accurate. Furthermore, I certify that I will direct this project in compliance with University of Washington (UW) policies, with the terms and conditions of UW's agreement with the provider and with all applicable laws and regulations and will uphold the responsibilities of my UW appointment.

PI Signature

Date