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| BCH Department: | BCH PI: Email: Phone: BCH Lab Contact: Email: Phone: |
| Exact Name of the Material(s):Type of Material (\*please check/highlight)[ ] Antibody [ ] Compound[ ] Proteins [ ] Plasmid/Vector/Nucleic Acids[ ] Human ES/iPS cells [ ] Cell lines[ ] Human Samples [ ] Other:[ ] Organism (e.g. mouse, zebrafish etc.)  | Please describe your intended use of the Material (if not already described as an exhibit in the MTA)  |
| How long do you require use of the material? |
| Provider Company/Institution:Provider Contact (name, title, phone, e-mail): |
|  | Please answer the following and provide any additional context directly on this form where requested | **YES** | **NO** |
| **1** | Is the Material human tissue or derived from human tissue? If YES, please provide IRB #  |  |  |
| **2** | Have the Materials been described in a publication?  |  |  |
| **3** | Will you receive any confidential information from the Provider in connection with the transfer of these Materials? |  |  |
| **4** | Do you plan for any of the following to result from your use of the Material: [ ] new inventions, [ ] new cell lines, [ ] derivatives, [ ] modifications? \*check/highlight all that apply |  |  |
| **5** | If you plan to make modifications or derivatives, do you intend to distribute them to others in the academic community (e.g. following publication of your research results?)  |  |  |
| **6** | Will the Material be used in research to further develop an invention that has already been disclosed to TIDO? If so, please provide reference # and identify the inventor if known:  |  |  |
| **7** | Will you use the Materials in a collaborative research project with another institution or company? If YES, please identify the collaborative project and the other institution or company:  |  |  |
| **8** | Will the Material be used in conjunction with any other materials received from a third party under an agreement (e.g. other material transfer agreements, sponsored research agreements, or commercial purchases with use limitations) If so, please identify those materials and who provided them:  |  |  |
| **9** | Do any of the Boston Children’s researchers that will use the Materials have a financial relationship with the Provider such as consulting, serving on an Advisory Board or Board of Directors, or ownership of stock or stock options? If YES, describe:  |  |  |
| **10** | Do you have specific questions or concerns regarding any of the Material Transfer Agreement terms? If so, please describe:  |  |  |
| **11** | Do alternative sources of the Material exist? (e.g. is the Material commercially available for purchase?) |  |  |
| **12** | Specify the funding source(s) for the research project (\*check/highlight all that apply): [ ] Industry sponsor(s): [ ] Government contract(s) or grant(s): [ ] Gift: [ ] Nonprofit or foundation grant(s): [ ] Other (describe): |
| Name of individual who completed this form: Date:**MTI Ref #** Phone: Email: |