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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: | | | | | |