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| BCH Department: | | BCH PI: Email: Phone:  BCH Lab Contact: Email: Phone: | | | |
| **Exact Name of the Material(s)**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Type of Material (\*check/highlight all that apply)  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: | | |
| 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 #, if applicable** | | |  |  |
| **2** | Do alternative sources of the Material exist? (e.g. is the Material commercially available for purchase?) | | |  |  |
| **3** | Have the Materials been described in a publication? if yes, please provide reference information: | | |  |  |
| **4** | What about the Materials do you anticipate publishing (i.e. name, sequences, structure, dosing, target)? \_\_\_\_\_ | | |  |  |
| **5** | Will you receive any confidential information from the Provider in connection with the transfer of these Materials? | | |  |  |
| **6** | Do you plan for any of the following to result from your use of the Material: new cell lines, derivatives, modifications? \*check/highlight all that apply | | |  |  |
| **7** | Will any of your results be used in a patent application? If you do not know the answer, contact TIDO. | | |  |  |
| **8** | Will the Material be used in research to further develop an invention that has already been disclosed to TIDO by you or someone else? **If so, please provide reference # and identify the inventor if known:** | | |  |  |
| **9** | Will the Provider be participating in your Research with the Material?  **If yes, please describe how you and the Providing PI will each contribute to your project:\_\_\_\_\_** | | |  |  |
| **10** | 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 yes, identify the name of the material, the source, and indicate whether it was transferred under an MTA \_\_\_\_\_** | | |  |  |
| **11** | 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 in the Provider? **If YES, describe:** | | |  |  |
| **12** | Do you have specific questions or concerns regarding any of the Material Transfer Agreement terms? **If so, please describe:** | | |  |  |
| **13** | Specify the funding source(s) for the research project in which the material will be used. (\*check/highlight all that apply) and **provide the name if other than NIH:**  Industry sponsor(s): Government contract(s) or grant(s): Gift:  Nonprofit or foundation grant(s): Other (describe): | | |  |  |