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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): |  |  |