

MATERIAL TRANSFER AGREEMENT
Request Form for Incoming Material

To submit a request for a Material Transfer Agreement (MTA), please complete all requested fields in the form. A member of the Contracts Management team at Columbia Technology Ventures will promptly begin reviewing your request and assist you in getting the MTA in place. Questions? Email: cmghelp@columbia.edu

PLEASE NOTE THE FOLLOWING:

If you are located on the CUMC campus, please direct the transfer of human origin materials, patient samples, and human data to Columbia's Human Research Protection Office at irbagreements@cumc.columbia.edu

Please Answer All Questions.

1. Please enter your contact information:

First and Last Name	Department
Email	Phone

2. Are you the Columbia Principal Investigator? Yes No If no, please fill out the PI information:

First and Last Name	Department
Email	Phone

3. Provider Principal Investigator Information:

First and Last Name	Company/Institution Name
Email	Phone

4. Name of Material(s):

5. Describe Material Type (check all that apply)

<input type="checkbox"/> Animal Model	<input type="checkbox"/> Cell Line	<input type="checkbox"/> Antibody (monoclonal)	<input type="checkbox"/> Antibody (polyclonal)
<input type="checkbox"/> Protein	<input type="checkbox"/> Virus	<input type="checkbox"/> Plasmid	<input type="checkbox"/> Other nucleic acid
<input type="checkbox"/> Compound	<input type="checkbox"/> Device (non-medical)	<input type="checkbox"/> Device (medical)	<input type="checkbox"/> Data
<input type="checkbox"/> Software (encrypted)	<input type="checkbox"/> Software (non-encrypted)	<input type="checkbox"/> Human Origin Samples	<input type="checkbox"/> Human Data
<input type="checkbox"/> Other (please describe)			

6. Please briefly describe your intended use for this Material:

Already described in MTA? Yes No

If no, please describe (note your description may limit the exact use of the Material(s) in the final agreement):

7. Please describe how many years you intend to use the Material, if known:

8. Is an invention or discovery likely to come out of your work?

Yes No Unsure

9. Please indicate funding source(s) for this research (check all that apply)

<input type="checkbox"/> Company providing Material	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Columbia
<input type="checkbox"/> Other (please describe)			

10. Will you change the Material (e.g. make derivatives of, modify, or cross-breed)?

Yes No

<p>11. Will you reverse-engineer the Material (e.g. determine the structure or other physical property of the Material)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>12. Will the Material be used or co-mingled with materials received from another organization? <i>If yes, please list material & provider and whether you obtained it under an MTA or other agreement: (Do not include materials purchased without restrictions)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>13. Are you receiving this Material as a straightforward transfer of materials and not to collaborate in any other way? <i>If no, did you develop the protocol?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, do you expect joint publication (co-authorship) of research results?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please describe how you and the Providing PI will each contribute to the collaboration, your expectations regarding potential revenue sharing from inventions that may result from the collaboration, etc.:</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>14. Does this Material or research relate to a Columbia invention? <i>If yes and known, please provide the Columbia Invention Report Number(s):</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>15. Do alternative sources of the Material exist or is the Material commercially available?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>16. Do you have any questions or concerns regarding the terms for the MTA provided by the provider or otherwise regarding this Material? <i>If yes, please elaborate:</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>17. Do you have any agreement form(s), document(s) or correspondence from the Outside Party we need to obtain from you?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please feel free to provide any additional comments (optional):</p>		