

**MATERIAL TRANSFER AGREEMENT**  
Request Form for Outgoing 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](mailto: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](mailto: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. Recipient 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. Would you like to provide your material for one of the following purposes (check one):

- For academic or non-profit unrestricted internal research purposes only;
- or
- For academic or for-profit use, but limited to a specific field or use to a specific project (Please briefly describe the scope of research or the recipients limited use of your material):

If you would like to place a limit on how long your material may be used, please enter it here (optional):

7. Was the Material solely created in your laboratory at Columbia?

*If no, where was the Material created and by whom:*

Yes  No

<p>8. Does your Material incorporate, or was your Material created using materials from another laboratory at Columbia, another university, a company, etc.?  <b><i>If yes, please identify the name of the material, the source, and indicate whether you have an MTA (you do not need to include off-the-shelf materials purchased without an MTA):</i></b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9. Was the research in which your Material was created supported by funds from an external source (e.g. Federal funding, Sponsored research, Foundation support, etc.)?  <b><i>If yes, please identify the source (please be specific):</i></b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>10. Does this Material or research relate to a Columbia invention?  <b><i>If yes and known, please provide the Columbia Invention Report Number(s):</i></b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>11. Does the Material involve Cre-ERT2 or TET (tetracycline regulated gene expression in eukaryotes)?  <b><i>If yes, please describe:</i></b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>12. Has the Material been published?   <b><i>In either event, will you disclose confidential information relating to the Material to the recipient?</i></b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>13. Are you providing this Material as a straightforward transfer of materials and not to collaborate with the Recipient PI in any other way?  <b><i>If no, did you develop the protocol?</i></b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No  <b><i>If no, do you expect joint publication (co-authorship) of research results?</i></b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No  <b><i>Please describe how you and the Recipient PI will each contribute to the collaboration, your expectations regarding potential revenue sharing from inventions that may result from the collaboration, etc.:</i></b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>14. Have you sent the Material to the Recipient Principal Investigator already?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>15. Do you wish to charge a fee for reimbursement of preparation / handling of the material(s)?  <b><i>If yes, enter suggested USD amount here:</i></b></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No