**Request to Draft A Material Transfer Agreement (MTA)**

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| **Section A – Project Contact Information** |
| **COLLABORATING ORGANIZATION:** Click or tap here to enter text. |
| **ORGANIZATION’S PRIMARY PROJECT CONTACT:** Click or tap here to enter text. |
| **ADDRESS:** Click or tap here to enter text. |
| **PHONE:** Click or tap here to enter text. |
| **FAX:** Click or tap here to enter text. |
| **EMAIL:** Click or tap here to enter text. |
| **May OTC Directly Contact Collaborating Organization?** [ ]  **No** [ ]  **Yes** |
| **UM’S PRIMARY PROJECT CONTACT:** Click or tap here to enter text. |
| **UM Position Title:** Click or tap here to enter text. |
| **UM DEPARTMENT:** Click or tap here to enter text. |
| **PHONE:** Click or tap here to enter text. |
| **FAX:** Click or tap here to enter text. |
| **EMAIL:** Click or tap here to enter text. |
| **Section B – Nature of Agreement Requested** |
| **DESCRIPTION OF MATERIALS TO BE TRANSFERRED:** Click or tap here to enter text. |
| **FOR BIOLOGICAL OR CHEMICAL TRANSFERS:**(CHECK ALL THAT APPLY) | [ ] NATURAL OR SEMISYNTHETIC COMPOUND[ ] SYNTHETIC COMPOUND[ ] EXTRACTS[ ] OTHER: Click or tap here to enter text. |
| **DOES THE MATERIAL TO BE TRANSFERRED REQUIRE APPROVAL FROM ANY OF THE FOLLOWING, AND IF SO IS THAT APPROVAL LETTER ATTACHED?** | [ ] MTAs for live animals must have protocol(s) reviewed and approved by the Institutional Animal Care and Use Committee (IACUC).[ ] MTAs for human participant research must have protocol(s) reviewed and approved by the Institutional Review Board (IRB).[ ] MTAs for rDNA, organisms pathogenic to humans, and human blood, fluids, or tissues must have protocol(s) reviewed and approved by the Institutional Biosafety Board (IBC). |
| **DIRECTION OF TRANSFER:** | [ ] MATERIALS WILL BE SENT **FROM UM\*** TO COLLABORATING ORGANIZATION[ ] MATERIALS WILL BE SENT FROM COLLABORATING ORGANIZATION **TO UM\*\***[ ] MATERIALS WILL BE EXCHANGED BETWEEN **BOTH** PARTIES |
| **\*HAVE THESE MATERIALS BEEN SENT TO OTHER ORGANIZATIONS?** | [ ] YES [ ] NOWHERE? Click or tap here to enter text. |
| **\*\*Are you using any UM or personal funds to acquire these materials?** | [ ] YES [ ] NO |
| **HAVE MATERIALS ALREADY BEEN SENT OR RECEIVED?** | [ ] YES (ATTACH SUPPORTING DOCUMENTATION) [ ] NOWHEN? Click or tap here to enter text. |
| **What will UM do under this agreement?**Click or tap here to enter text. |
| **WHAT WILL COLLABORATING ORGANIZATION DO UNDER THIS AGREEMENT?**Click or tap here to enter text. |
| **Is there any existing UM IP associated with this agreement (I.E. – Agreements, Patents, Research Disclosures)? If yes, describe:**Click here to enter text. |
| **IF MATERIALS ARE BEING SENT TO UM WILL THEY BE SENT BY UM TO ANY OTHER ORGANIZATIONS?** | [ ] YES [ ] NOWHAT ORGANIZATIONS AND FOR WHAT PURPOSE? Click or tap here to enter text. |
| **IS THIS COLLABORATION PART OF AN EXISTING OR PENDING GRANT?** | [ ] YES [ ] NOAGENCY AND TIMING: Click or tap here to enter text. |
| **WILL FEDERAL GOVERNMENT FUNDS****BE USED TO SUPPORT THE RESEARCH UTILIZING THE MATERIAL?** | [ ] YES [ ] NOAGENCY AND ACCOUNT #: Click or tap here to enter text. |
| **DO YOU INTEND TO PUBLISH YOUR FINDINGS?** | [ ] YES [ ] NO |
| **(IF APPLICABLE)****ARE YOU WILLING TO PROVIDE AND ADVANCE COPY OF THE PUBLICATION TO THE OTHER ORGANIZATION FOR****REVIEW?** | [ ] YES [ ] NO |

**For more information or assistance, contact ORSP: Office of Technology Commercialization**

**100 Barr Hall ~ (662) 915-6534 ~** **gssechri@olemiss.edu**