

**Material Transfer Agreement (MTA) INTAKE FORM**

*The Technology Transfer Office will process your request as soon as possible. Please complete this Intake Form as fully as possible in order to expedite the process of completing the MTA.*

*Material will be sent (please select):*     *To CWRU*                       *From CWRU*

Email to: [tjg47@case.edu](mailto:tjg47@case.edu)

<p><b>CWRU Faculty Member</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Department: _____</p> <p>Lab Contact: _____</p>	<p><b>Outside Organization Information</b></p> <p>Institution/Company: _____</p> <p>PI Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
<p><b>Person completing this form (if not faculty member above)</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Email: _____</p> <p>Phone: _____</p>	<p><b>Outside Organization Legal/Administrative Contact</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Email: _____</p> <p>Phone: _____</p>

1. Will this transfer take place as part of a collaborative grant or subaward between CWRU and the Outside Organization?

Yes

No

2. What is the specific (scientific) FULL NAME of the material that is being transferred? \_\_\_\_\_

3. Material Type: \_\_\_\_\_

*(i.e., plasmid, vector, bacteria, virus, gene, cell line, human embryonic stem cell line, human blood or tissue, animal tissue, live animal name, chemical compound, software, database, gene chips or other devices, etc.) Specify if it is an organism, tissue, cells, or plasmid, etc.*

4. Please indicate whether the material is:

Animal/GMO

Biological

Chemical

5. Is the material of human origin? (blood, serum, plasma, urine, stool, tissue, etc.)

Yes (If Yes) What is the CWRU or UH IRB protocol number, or N/A \_\_\_\_\_

(If N/A) Contact CWRU IRB [cwru-irb@case.edu](mailto:cwru-irb@case.edu) for help with proper approval/determination (Please note that we cannot sign off on your MTA before IRB determination. Even if the material is de-identified, it is important for CWRU IRB to verify and document that the incoming Material meets the criteria for non-human subject research)

Please email the completed form and any attachments to [tjg47@case.edu](mailto:tjg47@case.edu)

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No

6. Is the material hazardous?

Yes (If Yes) what type?  Radioactive  Infectious  Chemical  Other  
(If Yes) please contact CWRU Environmental Health and Safety (EHS)  
[cwruEHS@case.edu](mailto:cwruEHS@case.edu) for proper instruction/approval before transferring the Material.

No

7. (If sending material) Does the material incorporate or is it a modification of material received from a third party?

Yes (If Yes) What is the name of the third-party material?  
(If Yes) What is the name of the provider organization?  
(If Yes) Do you have written permission to transfer the material?

No

8. Do you intend to collaborate with the Recipient?

Yes (If Yes) Please explain: \_\_\_\_\_  
(If Yes) Is co-publication anticipated?  Yes  No

No

9. Will you be providing or receiving any unpublished or confidential information with the material?   
Yes  No

10. Is this material described in an Invention Disclosure on file with TTO?

Yes (If Yes) Please provide Invention reference #: \_\_\_\_\_

No

11. Do you anticipate that new inventions will be developed from use of the Material?  Yes  No

12. Is this material the subject of any other agreement (license, sponsored research, or other)?

Yes (If Yes) Please describe: \_\_\_\_\_

No

13. Please indicate the funding source/agency for your research with the material at CWRU:

Government funding/grant (name of granting entity): \_\_\_\_\_

Industry Sponsored Research (name of entity): \_\_\_\_\_

Department/start-up fund

Other (describe): \_\_\_\_\_

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14. *(If receiving material)* Is the material available from another source or is it commercially available for purchase?  Yes  No
15. *(If receiving material)* Will the Material be used in research to further develop an invention that has already been disclosed to CWRU TTO by you or someone else?
- Yes (If Yes) Please provide reference # and inventor: \_\_\_\_\_
- No
16. *(If sending material)* Where was the material generated?
- In your lab (CWRU)
- Other; please specify where: \_\_\_\_\_
- If other, identify original creator/generator of the material: \_\_\_\_\_
17. *(If sending material)* Is there a specific length of time you would like to permit the Recipient to complete the research and/or modify the material?
- Yes (If Yes) How long? \_\_\_\_\_
- No
18. *(If an animal transfer)* Will the animals be:  Bred  Cross-bred  Neither
19. **PLEASE NOTE IF THERE ARE ANY SPECIAL INSTRUCTIONS YOU WOULD LIKE INCLUDED IN THE MTA:**
20. **If you have received a contract/MTA from the outside organization, please attach it when you return this completed form to the TTO.**

*The person completing this form certifies that the above information is accurate and up to date*