

INCOMING MATERIALS QUESTIONNAIRE

Lead PI name:

Provider Name:

1. Description of the material to be received:

2. Description of how the material will be used:

3. What source of funding will support the planned research? External Internal

If external, name of sponsor and award or R account number:

If internal, list source:

4. Will this material be used in conjunction with any other material received from any third party, including any commercial or non-profit provider, university, or institution where the PI or co-PI was formerly employed? Yes No

If yes, name of outside Provider:

Name of material:

Is there a contract or any correspondence related to the use of that material? If yes, please attach. Yes No

5. Will this research involve the production of derivatives, modifications, progeny, or any other new or modified substances? Yes No

If yes, please explain:

6. Do you anticipate any inventions will be developed or arise from your use of this material, including any improvements to this material? Yes No

If yes, please explain:

7. Do you plan to publish results of this research? Yes No

8. Will any paid students be involved in this research? Yes No

9. Will this research involve anyone who is not a University employee, including any unpaid students or visiting scholars?

Yes No

If yes, what is their role or relationship to this project:

10. Will this research involve the use of hazardous materials? Yes No

If yes, you must complete page 2 of this form.

11. Will this material be used in any human or animal subjects? Yes No

If yes, IRB or IACUC protocol number:

Your submission of this form to the Office of Sponsored Programs means you are aware that there may be terms and conditions in this MTA that could (i) prevent your use of the materials in research sponsored by third parties; (ii) prevent your use of the materials in conjunction with other materials provided by third parties; or (iii) prevent you from obtaining materials in the future from third parties whose policies do not allow distribution of biological materials to institutions where rights to commercialize technology may be limited by pre-existing obligations.

Safety Officer Determination: Approved Not Approved

Safety Office Approval Signature(s):

Hazardous Materials Questions

Complete this page ONLY if you answered 'yes' to question 10 on page 1. Below, please indicate whether the requested materials contain any of the following. Check all that apply.

1. Check the box beside each biological hazard the materials contain.

- Microbiological agents
- Recombinant/synthetic nucleic acids
- Biological toxins or venoms
- Blood/tissue/body fluids derived from humans or animals
- Plants or plant extracts
- Other – Please list:

2. Check the box beside each chemical hazard the materials contain.

- Reagents
- Corrosives
- Poisons
- Explosives
- Flammables
- Carcinogens
- Other – Please list:

3. Check the box beside each physical hazard the materials contain.

- High pressure equipment/pressurized containers
- Electrical/high-voltage
- Capable of generating noise > 95 dBA or sub-radio frequencies
- Cryogenic
- Other – Please list:

4. Check the box beside each radiological hazard the materials contain.

- Radioisotopes
- Sealed sources
- X-ray producing machines, including XRF/XRD and particle accelerators
- Instruments with radioactive sources
- Class IIIB/IV laser systems
- Other – Please list:

Additional Safety Officer Comments: