

**NOTE: Contact your Research Office and/or UTRF before completing this form if you are sending out UT materials and/or material disclosed as an invention.**

**INFORMATION FOR MATERIAL TRANSFER AGREEMENTS  
(Outgoing Material)**

**Please attach additional pages, if necessary, for explanations.**

1. Brief Description of the Material: \_\_\_\_\_  
\_\_\_\_\_

2. Name and address of Recipient Institution: \_\_\_\_\_

3. Name of Recipient Investigator: \_\_\_\_\_

4. Planned Use of Material by Recipient: \_\_\_\_\_  
\_\_\_\_\_

5. What source(s) of funding supported the research from which the Material resulted? (e.g., government agency such as NIH, etc.; foundation(s) such as American Heart Association, etc.; industrial/company support.)

Name of funding source(s):

Grant No. or Date of Agreement:

6. Was the material made using any other material(s) received from another institution, company or any other third party? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is there an agreement(s) or correspondence of any kind related to the transfer and use of that material(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a copy of such agreement(s) and/or any correspondence between you and the provider of the other material to your campus research office.

7. Will the proposed research by the recipient involve the production of "derivatives," "modifications," "progeny," or other substance? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain.

Should UT retain any rights to such material(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Is there any reason to restrict the right of the recipient to publish the results of work done with the Material? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Will any students be involved in the research conducted using the Material? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Do you anticipate that ANY inventions will be developed or arise from the other party's research conducted with the use of the Material? (Please discuss.)

11. Is the Material the subject of -or relevant to an Invention Disclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, should it be? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide information related to the disclosure.

12. Are you or anyone involved in the production of the Material affiliated with the VA? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Is the Material hazardous? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain.

\_\_\_\_\_  
*Signature University Faculty Member*  
*(no per signatures please)*

\_\_\_\_\_  
*Date*

*Approval of Biosafety officer:*      *Approved* \_\_\_\_\_      *Not Approved:* \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Biosafety Officer:* \_\_\_\_\_