**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 NO  WHERE? 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) NO  WHEN? 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 NO  WHAT ORGANIZATIONS AND FOR WHAT PURPOSE?  Click or tap here to enter text. | |
| **IS THIS COLLABORATION PART OF AN EXISTING OR PENDING GRANT?** | | | YES NO  AGENCY AND TIMING: Click or tap here to enter text. | |
| **WILL FEDERAL GOVERNMENT FUNDS**  **BE USED TO SUPPORT THE RESEARCH UTILIZING THE MATERIAL?** | | | YES NO  AGENCY 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**

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