

Outgoing Material Transfer Agreement (OMTA) Request Form

PI's must email completed and fully signed Material Transfer Agreement to ELP-Research-Contracts@ttuhsc.edu along with all the relevant research committee approvals prior to submitting this form (Institutional Biosafety Committee (IBC), Institutional Animal and Care Use Committee (IACUC), Institutional Review Board (IRB), and LARC Animal Export Request Form.

TTUHSC EP Principal Investigator

Department _____ School _____

Phone _____ Email _____

Alternate Department Contact Phone _____

Email _____

Recipient Information

Firm/Institution Requesting Material _____

Primary Address _____

Recipient Investigator _____

Phone _____ Email _____

Recipient Firm/Institution Contact for Question/Negotiations _____

Phone _____ Email _____

Research Plan (Briefly describe recipients intended use of material) _____

Nature/Involvement of the material to be transferred (Please check all that pertain and attach in email):

Biohazardous, infectious or Recombinant DNA

To be used in Humans

To be used in Vertebrate animals

Radioactive sub-license under name

Subject to Export Controls

Oncomouse Technology

Cre-Lox Technology

Select Agent (Patriot Act)

IBC#

IRB#

IACUC#

IBC last approved date

IRB last approved date

IACUC last approved date

No.	Material Information		
1.	Is PHI De-identified?	Yes	No
2.	Will TTUHSC EP relinquish material to recipient?	Yes	No
3.	This agreement shall terminate on (Standard TTUHSC EP institutional term is five years or agreement must have a clause that allows TTUHSC EP to terminate the agreement without cause. Board of Regents approval is required for 5+ years).	Yes	No
4.	Upon termination, the recipient will either destroy or return any remaining material to the provider, as directed by the provider.	Yes	No
5.	Does this MATERIAL transfer involve collaboration with the recipient investigator? If yes, is there a written collaboration agreement?	Yes	No

6.	Was this material developed solely in your lab at TTUHSC EP and is it considered proprietary to TTUHSC EP? If no, where was it developed and by whom?	Yes	No
7.	Was this material originally obtained from a source outside of TTUHSC EP? If yes, identify the original source.	Yes	No
8.	Is there a current MTA in place?	Yes	No
9.	Does this material contain or was it derived from material(s) received from others? If yes, identify the other material(s), the providers, and any associated MTA's.	Yes	No
10.	Has a description of the material been published? If yes, provide full citation	Yes	No
11.	Is the material patented/patent pending? If yes, provide file number	Yes	No
12.	Has the material been disclosed to the TTU Office of Research Commercialization as a potential invention? If yes, provide file number	Yes	No
13.	Do you want to review the recipient's findings prior to their publication?	Yes	No
14.	Do you want a copy of the research results from the recipient?	Yes	No
15.	Do you wish to review any proposed publications or presentations?	Yes	No
16.	Do you want to be acknowledged in any recipient publications?	Yes	No
17.	A transmittal fee of _____ shall be paid by the recipient to provider, for the preparation and shipping cost.	Yes	No
18.	Is this material a select agent or toxin as defined by the federal government? (See https://www.selectagents.gov/SelectAgentsandToxinsList.html)	Yes	No
19.	Do you have a license? If yes, please describe	Yes	No

(Please ensure you contact Research Compliance for research export control instructions)
email to: elp-researchcompliance@ttuhsc.edu

PRINCIPAL INVESTIGATOR REPRESENTATIONS AND CERTIFICATIONS

My signature below certifies that:

- 1) The information submitted on this form is true, complete, and accurate to the best of my knowledge.
- 2) Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- 3) I agree to accept responsibility for the scientific conduct of the subject material.
- 4) The personnel involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency.
- 5) I agree to be bound by the terms and conditions of the material transfer agreement.
- 6) I agree to annually certify and report any changes to significant financial interests of my own, investigators, senior/key personnel, and family members within 30 days of discovering or acquiring a new significant financial interest, as mandated by HSCEP OP 73.09.
- 7) I have reviewed the attached contract document(s) and recommend executing the attached document(s) as written. In addition, I can confirm that we do have available resources to fulfill all of the obligations contained in this agreement or contract, and it is within the mission of this department or area of



responsibility. I feel this agreement or contract is a proper activity to enter into, that it will be beneficial to TTUHSC, and it complies with Board of Regents and TTUHSC policies. [The policies cited here are HSC OP 54.01 - 54.02 - 54.04 and Board of Regent's Rules 07.12].

Financial Conflict of Interest Disclosure

Do any of the participating faculty, staff, or students (or their spouses or dependents/children) have any financial interests, such as royalties, equity, or any other payments (e.g., consulting, salary, etc.) in the sponsor or other entities having a financial interest in the intellectual property, products, or services that are the subject of the proposed project? Yes No

If yes, attach Financial Disclosure Form(s).

To the best of my knowledge, the information I have provided herein is true and accurate:

Principal Investigator/Scientist

Department Chair Approval Signature,
or President's Signature

NOTE: If the PI is the Department Chair, please obtain President's signature of approval. Please email the completed form, with all required signatures, to ELP-Research-Contracts@ttuhsc.edu

***DISCLAIMER:** If information is incomplete or supporting documentation was not attached, (etc. IRB, IACUC or IBC letters), this form will be returned to the department or Principal Investigator.*

Detailed Materials Listing

MATERIALS REQUESTED:

(Please specify and list the material(s) as it appears on your approved protocol).

NOTE: ONLY Species listed below will be transferred per Material Transfer Agreement.

Species	Strain	Numbers		ID or Tag# (If applicable)
		F:	M:	

(Please add any detailed information if special housing arrangements are needed prior to shipment)