



# Material Transfer Request Form

Please return completed form and any attachments to [TFeldman@buckinstitute.org](mailto:TFeldman@buckinstitute.org).

<b>1</b>	<b>Type of MTA</b>
	Is the agreement (check one):
	<input type="checkbox"/> Incoming (the material is being received by Buck) – do not complete box 5 <input type="checkbox"/> Outgoing (the material is being provided by Buck) – do not complete box 6

<b>2</b>	<b>Provider Information</b>	
	Providing Scientist/PI name:	Providing Institution/Company:
	Email:	Phone:
	Mailing address:	

<b>3</b>	<b>Recipient Information</b>	
	Receiving Scientist/PI name:	Receiving Institution:
	Email:	Phone:
	Mailing address:	

<b>4</b>	<b>Material Information</b>
	Material description (name, amount to be transferred, etc.):  Brief description of the research in which material will be used: (attach additional pages if necessary)

<b>5</b>	<b>For Outgoing MTA</b>	
	What is the source of funds under which the materials were made?  <input type="checkbox"/> Federal _____ <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Industry Sponsor _____ <input type="checkbox"/> Other _____	Does this material contain any third party materials?  <input type="checkbox"/> yes <input type="checkbox"/> no  (if yes, attach a copy of the MTA under which you received the third party materials)

<p>Was the material created at Buck?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no _____</p> <p>(if no, identify the origin of the material and attach written permission for transfer of the material)</p>	<p>Are you the creator/inventor of the material?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no _____</p> <p>(if no, identify original creator/inventor)</p>
<p>If Buck material, has the material been disclosed to the Business Development team?</p> <p><input type="checkbox"/> yes Buck Ref # _____</p> <p><input type="checkbox"/> no</p>	

<p><b>6</b></p>	<p><b>For Incoming MTA</b></p>	
	<p>Do you intend to publish the findings of your research using the materials?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>How long do you plan to use the materials?</p> <p>_____</p>
<p>Have you received a draft MTA from the provider?</p> <p><input type="checkbox"/> yes (attach a copy of the MTA with this form)</p> <p><input type="checkbox"/> no</p>	<p>Provider contact details for contractual issues:</p> <p>Name _____</p> <p>Email _____</p> <p>Phone _____</p>	