

WASHINGTON STATE UNIVERSITY | OFFICE OF RESEARCH SUPPORT & OPERATIONS
INCOMING MATERIAL TRANSFER INFORMATION SHEET

Please email this completed form and MTA to orso@wsu.edu

Requested Deadline: _____

Requestor Information:

Principal Investigator: _____ phone: _____ email: _____
Department: _____ Area/College/Campus: _____
(Optional) alternate departmental point of contact: _____
Shipping address: _____

Materials Requested:

Materials requested: _____
Brief description of intended use of the material: _____

Provider Information:

Provider Institution: _____
Address: _____
Provider Scientist: _____ phone: _____ email: _____
Point of contact for MTA: _____ phone: _____ email: _____

Project Information:

1. For how long will you be using the material? (i.e. how long does the term of the agreement need to be?) _____
2. Is this a new MTA or a renewal or time extension of an existing MTA? New Renewal of ORSO# _____
If this request is a renewal AND the information provided previously has not changed, you may skip the rest of this section.
3. If there are other agreements that apply to the project/use of the material, please provide the ORSO number(s): _____
4. Nature/involvement of the material being transferred (*please check all that apply*):
 To be used in humans Radioactive Materials
 To be used in vertebrate animals Subject to export controls
 Hazardous chemicals or controlled substances Conflict of interest
 Biohazardous materials, infectious organisms, rDNA, biotoxins, select agents, or human fluids or tissues
5. Will a UBMTA* Implementing Letter will be used to transfer the materials? Yes No or I don't know
* Uniform Biological Material Transfer Agreement *If yes, you may skip the rest of this section.*
6. Has the provider supplied a draft agreement? Yes No (If yes, please attach)
7. Will you need to share the material with collaborators, either within or outside WSU? Yes, at WSU Yes, elsewhere No
8. Will the research result in a modification or alteration of the material? Yes No
9. Do you anticipate any intellectual property will be generated as a result of the use of the material? Yes No Maybe (e.g., patentable technology, modifications, software, etc.)
10. Do you plan to publish or present research results related to the material? Yes No Some Providers request an extended period (over 30 days) to review proposed publications before submission. How long of a review period would you accept? _____
11. Will students or post-docs be working on the project? Yes No Will this research be part of a thesis project? Yes No

Principal Investigator Certification:

- I certify that the information provided is true and correct to the best of my knowledge.
 I certify that any individual, including myself, working with the requested research materials has completed or will complete the responsible conduct of research mandatory training.
 I certify that I will ensure that approval for all necessary research compliance protocols is in place before using the materials.

If supplying Provider's MTA form (please check ONE):

- I have read, understood, and accept the MTA terms and accept that I am responsible for ensuring compliance with those terms.
 I have read and understood the terms of the MTA, and I object to the following sections: _____

(Principal Investigator Signature)

(Date)

If the PI is not available to sign, please attach an email from the PI containing the certification statement.