Please email completed form to orso@wsu.edu. The questions may also be copied and pasted directly into the email if you prefer.

* If confidential WSU information related to developing intellectual property is being disclosed, a future invention disclosure, or patent application please cc the Office of Commercialization at commercialization@wsu.edu,or the technology licensing associate working on the project.
* If the other Party has provided a draft agreement, please attach to email, too.

**WSU Requesting Principal Investigator Information**:

Name:

Phone:

Email:

Location/College/Department:

Shipping Address:

Cost Center Region (Pullman, Spokane, etc.):

\*Cost Center Hierarchy (College of Vet Med, CAHNRS, etc.):

\*Cost Center (Crops and Soils, Paul G. Allen School, etc.):

 \*Indicates the cost center numbers that are needed

**Providing Organization Information:**

Organization Name:

Website:

Physical Address (**full**):

Researcher’s Contact Name and Title:

Point of Contact Email and Phone:

**Materials Requested:**

Materials Requested:

Brief Description of Intended Use of the Material:

**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? [ ]  Renewal [ ]  New

ORSO# (if Renewal):

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, r/sNA, biotoxins, select agents, or human fluids/cells/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? (If yes, please attach) [ ]  Yes [ ]  No

7. Does any WSU employee working on this project have a financial relationship or financial interest with the other party to this DUA, or holds a management position, or participates in the day-to-day operations?

If yes, please explain: [ ]  Yes [ ]  No

8. Will you need to share the material with collaborators, either within or outside WSU?

 [ ]  Yes, at WSU [ ]  Yes, elsewhere [ ]  No

9. Will the research result in a modification or alteration of the material? [ ]  Yes [ ]  No

10. Do you anticipate any intellectual property will be generated as a result of the use of the material?

(e.g., patentable technology, modifications, software, etc.) [ ]  Yes [ ]  Maybe [ ]  No

11. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Will students or post-docs be working on the project? [ ]  Yes [ ]  No

Will this research be part of a thesis project? [ ]  Yes [ ]  No

13. If you are transferring a MTA from a prior institution, please list that prior institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

14. Are you receiving this material as part of a service agreement? [ ]  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.

[ ]  I certify that I will comply with WSU’s BPPM 45.35.

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:

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

(Principal Investigator Signature) (Date)