

MATERIAL TRANSFER AGREEMENT (MTA) ROUTING FORM

Office of Sponsored Projects

OSP Review: _____
Date: _____

MSU ORG#:	MSU Fund Type: Provider Name:	Provider Email:	Provider Point of Contact:
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PI: _____	Phone: _____	Email: _____
Co-PI: _____	Phone: _____	Email: _____

Project Title: _____

Name/Description of the Material: _____

Remarks/Special Instructions (*attach additional pages, if necessary*): _____

Conditions Requiring Special Consideration:

Note: Protocols and special approvals should be prepared/requested AS EARLY AS POSSIBLE

YES	NO	
<input type="radio"/>	<input type="radio"/>	Is the Material to be used in living persons? If YES, please provide IRB approval # _____.
<input type="radio"/>	<input type="radio"/>	Is the Material obtained from a living person? If YES, please attach a copy of the Provider's IRB approval letter.
<input type="radio"/>	<input type="radio"/>	Is the Material a live vertebrate animal? If YES, please provide IACUC protocol # _____.
<input type="radio"/>	<input type="radio"/>	Is the Material to be used in a live vertebrate animal? If YES, please provide IACUC protocol # _____.
<input type="radio"/>	<input type="radio"/>	Is the Material radioactive, does it contain a radioactive source, or does the device generate ionizing radiation?
<input type="radio"/>	<input type="radio"/>	Is the Material subject to hazardous materials transportation regulations?
<input type="radio"/>	<input type="radio"/>	Is the Material classified as a RCRA hazardous waste?
<input type="radio"/>	<input type="radio"/>	Is the Material or does the Material contain recombinant or synthetic nucleic acids? If YES, please provide IBC approval # _____.
<input type="radio"/>	<input type="radio"/>	Is the Material biohazardous or does it contain biohazardous material? If YES, please provide IBC approval # _____.
<input type="radio"/>	<input type="radio"/>	Does the research involve human embryonic or fetal stem cells and/or embryo research?
<input type="radio"/>	<input type="radio"/>	Do any of the involved MSU researchers have a financial relationship with the Provider such as consulting, serving on an Advisory Board or Board of Directors, or ownership of stock or stock options? If YES, describe the relationship on a separate sheet.
<input type="radio"/>	<input type="radio"/>	Do any of the involved researchers receive gift funds from Provider?
<input type="radio"/>	<input type="radio"/>	Will you be modifying the Material? If so, how?
<input type="radio"/>	<input type="radio"/>	Will the Material be used in any research funded by the Provider? If so, please provide the sponsor(s) name(s), project title(s), and university grant number(s).
<input type="radio"/>	<input type="radio"/>	Will the Material be used in any research project that is funded by industry sponsor(s) other than the Provider? If YES, please provide the sponsor(s) name(s), project title(s), and university grant number(s).
<input type="radio"/>	<input type="radio"/>	Will the Material be used in any research funded by federal contracts or grants? If YES, please provide the sponsor(s) name(s), project title(s), and university grant number(s).
<input type="radio"/>	<input type="radio"/>	Will the Material be used in conjunction with other Materials from commercial parties? If YES, what are these other Materials and who provided them? Were Material Transfer Agreements signed for these other Materials?
<input type="radio"/>	<input type="radio"/>	Is the Material commercially available for purchase?
<input type="radio"/>	<input type="radio"/>	Export Control: Is the item being shared, shipped, transmitted, or transferred a defense article or technical data on the ITAR's US Munition List (USML)?
<input type="radio"/>	<input type="radio"/>	Export Control: Is the item being transferred technology (information), software code, or biological material on the Commerce Control List (CCL)?

PI Certification

I certify that the information I have provided about this project is accurate. Furthermore, I certify that I will direct this project in compliance with Mississippi State University policies, with the terms and conditions of Mississippi State University's agreement with the provider and with all applicable laws and regulations and will uphold the responsibilities of a Principal Investigator.

Signature: Date: _____

Department Head Signature: Date: _____

As required, OSP may contact Legal Counsel, OTM, and Research Compliance for assistance with review.