



This form has been updated on 9 July 2020. It supersedes ALL previous versions.

AGNR Pre-Award Services (AgPAS) INCOMING MATERIAL TRANSFER AGREEMENT REVIEW FORM

Please complete this form, including signatures by Principal Investigator (PI) and Department Chairperson/Director of administering unit. Return the completed and signed copy and all necessary documentation to AgPAS via agpas@umd.edu.

Principal Investigator

Name _____ Phone _____ Email _____

Administering Department

Alternate Contact

Name _____ Phone _____ Email _____

Provider Organization

Address _____ Website URL _____

Provider Scientist

Name _____ Phone _____ Email _____

Provider Contractual/Administrator

Name _____ Phone _____ Email _____

ORA requires the Provider's Contractual contact information to proceed. MTAs cannot be negotiated by Provider Scientists.

ATTACH DOCUMENTS FOR REQUESTED MATERIALS: Please attach any Material Transfer Agreement, Statement of Investigator Form, Letter of Intent, or any other documents or correspondence of any kind between you and the Provider of the Material(s) stating any condition(s), restriction(s), or guidelines under which the Material(s) may be used. Use the space provided below to include any notes about the organization, such as a web address or if they use electronic MTA forms.

MATERIAL AND PROJECT INFORMATION

- What is the material? _____
- Provide a description of how the material(s) will be used. Attach additional pages as necessary.

- Yes No Will sponsored account funds pay for the obtaining/collection of these material(s)/data? If yes, which?

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KFS or Award #1

KFS or Award #2

KFS or Award #3

How long will you use the material(s)? _____ (cannot exceed period of performance) Begin Date _____ End Date _____

- Yes No Will the material(s) be used in conjunction with other materials received from a third party? If yes, please list other materials and providers.
- Yes No Are the materials relevant to any previous, pending, or future disclosures of intellectual property to UM-Ventures? If yes, list all material(s)/data that are relevant to UM-Ventures.
- Yes No Do the investigators intend to commercialize the results of research stemming from the use of the material(s) or any modified derivatives of the material(s)?
- Yes No Has any confidentiality of nondisclosure agreement from the provider been signed in connection with the material(s)? If yes, provide NDA # and KR account #.
- Yes No Does the investigator possess the material(s) at the time of MTA submission?
- Yes No Is the material available through any other source such as a Research Reagent Bank or Depository (e.g., ATCC or Hybridoma Bank)?

For AgPAS Use Only: KR Proposal Development Number:

Check all that apply:

- A. The material(s) will be provided for the purpose of product testing and evaluation (e.g., testing an expression system) for the providing organization.
 - B. The materials are a tool, kit, or instrument that will be used in the conduct of research.
 - C. The material is a reagent.
 - D. Progeny, unmodified derivatives, or descendant copies will be made from the material(s).
 - E. The material(s) will be modified or will be used to produce modified derivatives.
 - F. The material(s) will be used in another manner. Please explain:
- Yes No **Conflict of Interest:** Is there a real or potential conflict of interest in connection with this work or this sponsor including consulting) involving a UMD employee, as defined by the UMD Policies and Procedures II-3.10(A) or II-3.10(B) (<https://research.umd.edu/coi>)? If yes, a disclosure form must be completed and submitted in accordance with these procedures. For more information on COI, refer to <http://www.umresearch.umd.edu/RCO/>

EXPORT CONTROL

- Yes No Are any export controls, physical or IT security requirements, restrictions on publications, or use of foreign nationals indicated in the solicitation or in discussions with the sponsor?
- Yes No Are there technologies involved in this project which are likely to have a military application or other applications which could be considered to have national security implications?
- Yes No Will this project involve the shipment of materials outside of the US? If yes, list the materials and destinations
- Yes No Will this project require collaboration with any foreign entity? If yes, list the entity.
- Yes No Will this project involve any information which may not be released to the public without sponsor approval? This may include, but is not limited to, sensitive research results, data sets, proprietary information, trade secrets, publications, and export-controlled information.
- Yes No Will such information be subject to a nondisclosure agreement or any other agreement authorizing a sponsor or other party to withhold from publication information provided to UM?

COMPLIANCE

- Yes No **Human subjects:** Will this research include using Human Subjects?
If yes, has an IRB application been submitted to the IRB office?
Yes Please provide the title used on the IRB application and the IRB protocol approval number.

No An IRB application has not been submitted for this project but will be if this project is awarded.
Submit 1 copy of the proposal protocol form to the IRB Office. For more information, contact the IRB office irb@umd.edu.

- Yes No **Animal subjects:** Will this research include using vertebrate animals?
 - Yes No If yes, has an IACUC protocol approval number been assigned?YES: Please provide the title used on the IACUC application and either the IACUC protocol approval number or "Pending."

No An IACUC application has not yet been submitted for this project. For more information, contact the IACUC Coordinator at 5-3451 or iacuc@umd.edu.

- Yes No **Radioactive Materials:** Will devices which produce ionizing radiation (x-ray units, electron microscopes, and particle accelerators. *etc.*) be used in this project?
- Yes No Will a source of non-ionizing radiation (lasers, infra-red devices, ultraviolet devices, radio frequency devices, other electromagnetic devices, and/or microwave devices) be used in this project?
IF YES, Select any sources of non-ionizing radiation to be used in this project.
Other Electromagnetic devices Infra-red devices (other than lasers) Laser(s) Microwave devices
Radio Frequency devices Ultraviolet devices (other than lasers)

- Yes No Will this project use biological materials? (e.g. Recombinant or synthetic nucleic acids; human pathogens; biological toxins; human blood; unfixed human tissue; human cell culture; unfixed tissue from non-human primates.)
- Yes No Will this project require the use of one or more of the following select toxins: e.g. Abrin; Botulinum neurotoxins; Short, paralytic alpha conotoxins; Diacetoxyscirpenol (DAS); Ricin; Saxitoxin; Staphylococcal enterotoxins (Subtypes A, B, C, D, and E); T-2 toxin; Tetrodotoxin?
- Yes No Will this project require the use of chemicals? If this project includes the use of chemicals, a Chemical Hygiene Plan and training is required.
- Yes No Will this project require the use of toxic or pyrophoric gases? Toxic gases have NFPA health hazard ratings of 3 or 4, or a rating of 2, if the gas lacks physiological warning properties. A pyrophoric gas is defined as having an autoignition temperature in air at or below 130F (54.4C)
- Yes No Will this project require the application of registered pesticides by UMD personnel?
- Yes No Will this project require the use of controlled substances?
- Yes No Will this project require the use of explosive materials (as defined by the US Department of Alcohol, Tobacco & Firearms)?
- Yes No Will this project require the use of a respirator by research personnel due to an airborne hazard not managed by engineering controls (e.g., use of chemical fume hood)?
- Yes No Will this project require the shipment or transfer of chemical, biological, or radioactive materials off-campus?
- Yes No Will this project require the use of a respirator by research personnel due to an airborne hazard not managed by engineering controls (e.g., use of chemical fume hood)?

By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current University policies and Federal Regulations.

Principal Investigator _____ **Date** _____

Department Chair _____ **Date** _____