

THE ROCKEFELLER UNIVERSITY Office of Technology Transfer 1230 York Avenue, Box-138, New York, NY 10065

To request materials from The Rockefeller University, please complete this form and return by email to <u>mta@rockefeller.edu</u>.

The Office of Technology Transfer (OTT) will draft the appropriate agreement and send it to the contact person identified below. For questions, please contact the OTT at <u>mta@rockefeller.edu</u>.

1.	Date:	
2.	. RU Head of Laboratory:	
	First Name:	Last Name:
3.	Material Requested and Brief Description of Research to be Conducted:	
4.	Requesting Institution	
	a) Institution Type:	Academic Company
	b) Requestor Name: Firs	t Name:
	c) Lab PI Name: Firs (if different from requestor)	x Name:
	d) Contact Email:	
	e) Requestor Phone:	
	f) Requestor Address:	
	g) Lab PI Address: (if different from requestor)	

FOR ROCKEFELLER UNIVERSITY LAB COMPLETION

Please provide answers to the following questions. You may use additional sheets if you require more space for your answers. (Note: To avoid unnecessary delays, please ensure that all applicable questions are answered as completely as possible.)

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General Questions:					
1)	 Do you wish to limit the use of the Material to the specific Research described on pg. 1? Yes No 				
2)	2) Was all the Material independently developed by you or under your direction at RU? Yes No If the Material incorporates or is derived from materials obtained from a third party, please provide the				
	third party information:				
	Was the third-party material received under an MTA Was the third-party material purchased?	? Yes Yes	No No		
	Has the third-party provided permission for this tran	sfer? Yes	No		
	If "Yes", please provide documentation to the OTT.Has the third-party restricted any type of transfer?YesNo				
3)	Will you be sharing confidential/unpublished information ways Yes No	th the Material?			
4)	Have you published on this Material? Yes No				
5)	5) Do you want to receive copies of the Recipient's Research results obtained through the use of the Material? Yes No				
6)	 6) Is the Material being used in the Research related to an RU Technology Disclosure/Patent? Yes No If "Yes", please indicate which Technology Disclosure/Patent: 				
7)	7) Please describe any other restrictions you'd like to place on the use of the Material:				
Export Control:					
1)	Will the requested material(s) be shipped outside of the U.S.?	Yes	No		
,	If Yes, is the requested material(s): a pathogen or genetic element of a pathogen or toxin listed on the Commerce Control List (CCL) in Category 1 at ECCNs 1C351 through 1C354, and/or a chemical listed on the CCL at ECCN 1C350. Here is the link: Yes 				
For Biological Materials:					
1)	1) What is the original source of the Material (i.e. human/animal/plant)? For animals, please specify species.				
2)	Is the Material hazardous? Yes No				
For Hu	man Materials:				
1)	Is the Material of direct human origin? If "Yes", has the RU IRB been contacted? (Please provide the Protocol Number and IRB Approval or Ex	Yes Yes emption Letter.)	No No		
2)	Does the informed consent form allow for this transfer?	Yes	No		
3)	Will the Material be de-identified before shipping?	Yes No			
	Are they de-identified and coded?	Yes No)		