

**UNIVERSITY OF PENNSYLVANIA CENTER FOR TECHNOLOGY TRANSFER  
INCOMING MATERIAL TRANSFER AGREEMENT(MTA) EXPEDITING FORM**

**Please fully complete and sign this form after thoroughly reading Provider's MTA and fax to (215) 898-9707 to the attention of MTA Administrator (phone 215-573-4505). You MUST complete this form for us to process your MTA. Complete and accurate information is necessary in order to process your MTA.**

1. **The proposed transfer represents:**
  - Transfer of MATERIAL(S) only with no scientific collaboration
  - Research collaboration
2. **How will the MATERIAL(S) be used (Please include research plan with MTA)?**
  - Control, index, comparative
  - Ancillary research reagent
  - Other \_\_\_\_\_
3. **Are these materials of human origin (eg. Tissue, DNA, cell lines)?**
  - Yes (if yes, complete Human Derived Material Screening Tool form)
  - No
4. **Will these material require any special handling or present any potential risk e.g: Biohazard safety issues?**
  - Yes (If Yes have the appropriate departments been notified & the appropriate approvals filed/obtained), explain:  
\_\_\_\_\_
  - No
5. **What do you think is the likelihood of an invention resulting from your research with the MATERIAL(S)?**
  - Highly possible
  - Somewhat possible
  - Not expected
6. **Will the MATERIAL(S) be used now or in the future under any of the following?**
  - Sponsored Research Agreement (If SRA is active and funded please provide a copy of the executed agreement).  
\_\_\_\_\_  
Company/companies
  - Funded by Gov't or other grant (If grant with non-government organization is currently funded please provide a copy of the grant award).  
\_\_\_\_\_  
Granting Entity
  - Not applicable
7. **Will the research results be shared with any other third party?**
  - Yes, (if yes please name 3<sup>rd</sup> party & explain)  
\_\_\_\_\_
- No
8. **If language regarding Confidential Information appears in your MTA, do you agree to maintain such information as specified in MTA?**
  - Yes, I agree to be bound by the terms of Confidentiality obligation as stated in this MTA
  - No, I do not agree to be bound by such terms, and I would like the terms to be changed
  - Not applicable
9. **Are you willing to submit any grant applications to the Provider for review before submitting them to the granting institution?**
  - Yes
  - No
10. **Do alternative sources of the MATERIAL(S) exist?**
  - Yes
  - No
11. **Are the MATERIAL(S) published?**
  - Yes
  - No
  - Not Aware
12. **Will the MATERIAL(S) be modified?**
  - Yes  
Explain: \_\_\_\_\_
  - No
13. **Will the MATERIAL(S) or modified MATERIAL(S) become incorporated into a new research material?**
  - Yes  
Explain: \_\_\_\_\_
  - No
14. **Will the MATERIAL(S) be used in experiments involving other materials obtained from a third party under another agreement (e.g., license, Sponsored Research, MTA)?**
  - Yes  
Explain: \_\_\_\_\_
  - No
15. **If you would like to receive a copy of the completed MTA please provide your email address.**  
Email: \_\_\_\_\_

**Provider Institution/ CONTACT/ PHONE/ EMAIL:**

**Print Penn PI's Name and Title:**

**Materials:**

**Department and School:**

**Focus of Research:**

**Penn PI's signature and date:**

**Upon completion of the MTA a PDF copy of the fully executed MTA will be forwarded to your attention via email.**

Revised: 7/12/07