

**UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE
MATERIAL TRANSFER APPROVAL SHEET**

INCOMING MATERIAL

Recipient UVA Scientist:	Phone:
Department:	Email:

Provider Organization:	Phone:
Administrative Contact:	Email:
Address:	

Provider Scientist:	Phone:
Department:	Email:
Address:	

Material requested:

Research (Please provide or attach a brief description of the proposed research using the Material):

	Yes	No
1. * Is the Material derived from human subjects (such as tissues, fluids or human data)? *NOTE: The Material is not “derived from human subjects” if the Material is commercially-available for distribution from a recognized vendor of such material.		
If the response to 1.a above is YES , the Research using the Material requires a submission to the University of Virginia's Institutional Review Board (IRB). EXCEPTION: Research using Material which is purchased from a commercial vendor of the material does not require a submission to the IRB. Please attach a copy of the applicable IRB approval or notice from the IRB that work with the		

	Yes	No
Material does not constitute research with human subjects. PLEASE NOTE: A request for Material transfer cannot be approved without receipt by the SOM Office of Grants and Contracts of this documentation		
2. Identify the source of funding for your Research with the Material--include PTAO [PTAO] <ul style="list-style-type: none"> • Federally-funded research, e.g., NIH DOD [_____] • Not-for-profit /Foundation research [_____] • Industry-funded research [_____] • Other--Explain: [_____] 		
3. Will your research using the Material relate to or use in any way an invention that you have disclosed or anticipate disclosing to the UVA Patent Foundation? If yes, please explain:		
4. Do you, your spouse or any persons living with you have any financial interest (more than 3% equity of more than \$10,000.00 annual income) in the provider of the Materials, or in any other entity which might be affected by the results of your proposed Research? If yes, please describe the financial interest:		
5. Will your Research be done collaboratively with the Provider Scientist? If yes, explain:		
6. Do you have a paper copy or electronic copy of the Provider Organization's form of Material Transfer Agreement? If yes, please email the electronic copy (preferred) to the Contracts Negotiator in the SOM Office of Grants and Contracts who is assigned to your Department or attach the paper copy to this Approval Sheet.		
I acknowledge that if my Research involves (a) human subjects, (b) animals, or (c) recombinant DNA techniques, radioactive materials, hazardous chemical waste, bio-hazardous material or infectious agents, I must obtain the required University approvals prior to conducting my Research Recipient Scientist Signature:	Date:	
Director, SOM Office of Grants and Contracts Signature:	Date:	