

OUTGOING MATERIALS TRANSFER/BAILMENT AGREEMENT CHECKLIST

PROVIDER INFORMATION:

Researcher Name: _____ Telephone: _____
Title: _____ Email: _____
Department: _____ Date: _____
Campus Address: _____

RECIPIENT INFORMATION:

Recipient: _____ Email: _____
Researcher Name: _____ Telephone: _____
Title: _____ Date: _____
Address: _____
City/State/Zip: _____

1. Is there Government or industrial sponsorship for your development or use of the material (s)? Yes ___ No ___
- a). Government: _____ Contract/Grant No.: _____ Budget/Fund Number(s): _____
 - b). Industrial: _____ Agreement Number: _____ Budget/Fund Numbers(s): _____
 - c). Other: _____ Agreement Number: _____ Budget/Fund Number(s): _____
 - d) College Research Project Number: _____

2. Describe the materials to be provided: _____

Which category best describes the materials?

Biologic/Animal, not human-derived _____
Biologic, human-derived _____

If providing human-derived materials, will you be providing any of the following?

De-identified subject/patient information: Yes ___ No ___
Limited Data Set (as defined under HIPAA): Yes ___ No ___

3. Provide a detailed description of the Materials and describe the research to be conducted by the Recipient using the Materials

4. Is the material considered dangerous, hazardous or infectious? Yes ___ No ___
(If yes, you will need to be sure to make appropriate shipping arrangements for such materials)

5. Do you expect that any inventions, discoveries or new technologies will be developed from the Recipients use of the materials?
Yes ___ No ___

a) Do you plan to submit an invention disclosure? Yes ___ No ___ If yes, when _____

6. Is this research related to any existing invention disclosure? Yes ___ No ___

a) If yes, state disclosure number(s): _____

7. Will Confidential Information be provided with the materials? Yes ___ No ___

8. Do you wish to receive reimbursement for costs of production and/or shipping of materials? Yes ___ No ___
If yes, indicate amount here _____

9. Were the materials originally collected/developed at Penn State _____ Third Party _____
Both (e.g. original material is from a third party, but further developed here): _____

If "Third Party" or "Both", please indicate from where and if there is an agreement in place that governed the transfer to Penn State: _____

10. Do you believe that the materials may have commercial value, as a research tool or otherwise: Yes ___ No ___

11. Is the material or your transfer of it subject to a protocol reviewed or requiring review by Penn State's Institutional Biosafety Committee / Biosafety and Recombinant DNA Committee (IBC/BDR), Institutional Review Board (IRB), or Institutional Animal Care and Use Committee (IACUC)? Yes _____ No _____

If yes, provide relevant protocol no(s). here) _____

12. Is the material on the Federal Select Agent List? Yes _____ No _____

13. Are you exporting the material outside the U.S. Yes _____ No _____
If Yes, please provide receiving country, if different from Recipient address provided above. _____

14. Are you expecting Recipient to provide a copy of results generated from the research using the material, or any other deliverable? Yes _____ No _____

If yes, please describe a) what you will receive and (b) how you may need to use and/or share such deliverables:

15. Other than human subject/patient information, are you providing any other information related to the materials that you wish for the Recipient to keep confidential? Yes _____ No _____
(If yes, please explain: _____

Principal Investigator

Signature

Date