

INCOMING MATERIALS TRANSFER/BAILMENT AGREEMENT CHECKLIST

Recipient: _____ Telephone: _____
 Title: _____ Email: _____
 Department: _____
 Campus Address: _____

Provider Name: _____ Provider Contact: _____
 Provider Title: _____ Contact's phone: _____
 Provider Institution/Co. Name: _____ Contact's Email: _____
 Address: _____
 City/State/Zip: _____

1. Is there Government or industrial sponsorship involved with your 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: _____

(Please note that because your salary and other operating expenses are provided by federal and state appropriated funds, you must state the College Research Project number under which this research is being conducted.)

2. Describe the materials to be provided and briefly describe what work you intend to perform with the material(s), i.e., research project in which the material(s) will be used? _____

3. Are you planning to transfer the material(s) from your laboratory? Yes ___ No ___

- a) If yes, please state location or name of company, institution or third party: _____
- b) If yes, what specific work does the company, institution or third party intend to perform with the material(s), i.e. research collaboration? _____

4. Will graduate students be working with the material(s)? Yes ___ No ___

5. Is Institutional Biosafety Committee approval required? Yes ___ No ___ IBC # _____

6. Do you expect to publish? Yes ___ No ___

7. Do you expect that any inventions or something commercially viable will be developed from the use of the material(s)? Yes ___ No ___

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

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

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

9. Do you understand the restrictions/obligations of the agreement, i.e., patent, publication, confidentiality, materials handling, reporting? If not, please enter section that you have concerns about.

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10. Will the material(s) be used in conjunction with any other material(s) received from another company, institution or other third party? Yes ___ No ___

a) If yes, please identify the other material(s) and where they came from: _____

b) If yes, was there any agreement, letter of intent or correspondence of any kind between you and the provider of the other material(s) stating any condition(s), restrictions or guidelines under which the other material(s) will be used? Yes ___ No ___

c) If yes, and you have not provided a copy to our office, kindly do so immediately.

Please note that there may be terms and conditions in the Materials Transfer/Bailment Agreement which may (a) preclude your use of the material(s) in research sponsored by third parties or (b) prevent you from obtaining materials in the future from third parties whose policies do not allow distribution of biological materials to investigators whose rights to commercialize technology may be limited by pre-existing obligations.

Principal Investigator

Signature

Date