

**MATERIALS TRANSFER/BAILMENT AGREEMENT CHECKLIST**

*For Contracts Dept. Only:*    **Date** \_\_\_\_\_    **Log No.** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Department: \_\_\_\_\_  
Campus Address: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax \_\_\_\_\_  
Contact: \_\_\_\_\_ 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. What specific work do 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?  
Page \_\_\_\_\_ Para \_\_\_\_\_ \_\_\_\_\_  
Page \_\_\_\_\_ Para \_\_\_\_\_ \_\_\_\_\_  
Page \_\_\_\_\_ Para \_\_\_\_\_ \_\_\_\_\_  
Page \_\_\_\_\_ Para \_\_\_\_\_ \_\_\_\_\_  
Page \_\_\_\_\_ Para \_\_\_\_\_ \_\_\_\_\_

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
_____	_____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Academic/Unit Leader Signature	Date	
_____	_____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
College Signature	Date	

**(1) Copy of the completed checklist must be submitted with the materials transfer agreement to SIRO, 101 Land and Water Research Building**