

# Virginia Commonwealth University MTA REQUEST - Incoming

Complete this Request Form when you are planning to RECEIVE material from an outside entity. Then submit this document, as well as any draft agreement sent by the provider organization, to the GRAY Team for Review in RAMS-SPOT.

VCU SCIENTIST		PROVIDER ORGANIZATION	
<b>PI:</b>		<b>Institution:</b>	
<b>Department:</b>		<b>Research Contact (PI):</b>	
<b>Primary User, if not PI:</b>		<b>MTA Contact at Provider Org:</b>	

## THE MATERIAL ("IT")

**1. What is it? (Describe the material)**

**2. Who created or developed it?**

**3. How do you plan to use it? (Briefly describe how the Material will be used in your research)**

**4. How long do you plan to use it?**

**5. Check all that are true about the Material:**

- |  |   |
|--|---|
| <input type="checkbox"/> It is Human in origin<br><input type="checkbox"/> It includes Human Embryonic/Pluripotent Stem Cells<br><input type="checkbox"/> It is Animal in origin<br><input type="checkbox"/> It is Radioactive<br><input type="checkbox"/> It is commercially available (Repositories don't count)<br><input type="checkbox"/> It is already in my possession at VCU | <input type="checkbox"/> It is Chemically or Biologically Hazardous<br><input type="checkbox"/> It contains recombinant DNA<br><input type="checkbox"/> It includes Genetically Modified Organisms<br><input type="checkbox"/> It has DURC potential ( <a href="#">More Info</a> )<br><input type="checkbox"/> It will be received from a foreign country |
|--|---|

**6. Yes No Is the Material available from any other provider?**

If **YES**, please elaborate:

**7. Will it be used under any of the following?**

**If yes, provide institutional number:**

- a. Yes No **Human subjects research protocol**
- b. Yes No **Animal care & use protocol**
- c. Yes No **MUA from Institutional Biosafety Committee**

IRB Number:

IACUC Number:

MUA Number:


**8. Yes No Will you use it in conjunction with Materials from other parties?**

If **YES**, what are these other Materials and who provided them?

Were Material Transfer Agreements executed for the other Materials? Yes No

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9. Yes No **Will you modify it?** (create a new substance containing the Material or crossbreed it)
10. Yes No **Will you create a derivative of it?**

**PROJECT DETAILS**

11. Yes No **Is your research using this Material being supported by an external sponsor?**  
If **YES**, please provide sponsor and VCU FP number:   
If **NO**, please be sure your department chair signs this Request Form.
12. Yes No **Do you have any invention disclosures, patents, or pending patent applications associated with the research in which this Material will be used?**  
If **YES**, please specify:
13. Yes No **Do you expect any invention disclosures or patent applications to result from the use of the Material under this MTA?**
14. Yes No **Is a non-U.S. collaborator involved in the research using the Material?**  
If **YES**, provide name & nationality:
15. Yes No **Will you ship the Material, or any related research product, to a foreign country?**

**OTHER DETAILS**

16. Yes No **Do you have a financial or non-financial relationship with the Provider Organization?**  
If **YES**:  
- Briefly describe relationship:   
- Is your Financial Interest Report (FIR) in the AIRS up-to-date? Yes No  
*If you have not completed a FIR, go to [AIRS.research.vcu.edu](https://AIRS.research.vcu.edu) to update.*

17. **Please provide any additional information that is relevant to your needs for this agreement, if any.**

**PRINCIPAL INVESTIGATOR CERTIFICATION:** To the best of my knowledge, the answers to the questions are true, complete and accurate. I agree to abide by the terms and conditions of the agreement as finalized and adhere to VCU's policies and procedures. I am a VCU faculty member authorized to oversee the transfer and use of the Material named above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DEPARTMENT CHAIR'S APPROVAL:** The departmental resources deemed necessary under this agreement are available to conduct this project/research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date