



# Office of Regulatory Research Compliance Material Transfer Request Form

Provide the requested information and submit this form to [mta.orrcc@howard.edu](mailto:mta.orrcc@howard.edu). Visit the ORRC website for more information.

## ORGANIZATION AND PERSONNEL INFORMATION

1. Howard University will \_\_\_\_\_ the Material defined in this form.

	MATERIAL PROVIDER	MATERIAL RECIPIENT
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- |                         |       |       |
|-------------------------|-------|-------|
| 2. Organization Name:   | _____ | _____ |
| 3. Contractual Contact: | _____ | _____ |
| a. E-mail Address:      | _____ | _____ |
| b. Phone Number:        | _____ | _____ |
| 4. PI or Scientist:     | _____ | _____ |
| a. E-mail Address:      | _____ | _____ |
| b. Phone Number:        | _____ | _____ |
| c. Department:          | _____ | _____ |
| d. Mailing Address:     | _____ | _____ |
| e. City, State, Zip:    | _____ | _____ |
| 5. Signatory Official:  | _____ | _____ |

## MATERIAL AND PROJECT INFORMATION

6. Material to be transferred: \_\_\_\_\_
7. Quantity to transfer: \_\_\_\_\_ When will the Material be used? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
8. Provide the title of the project related to the Material.
9. Provide a brief description of the project and how the material will be used.
10. Is the Material available commercially or through any other source?  YES  NO
11. Will University space be required to complete project activities using the Material?  YES  NO  
 If Yes, explain: \_\_\_\_\_
12. Will the Material be used in conjunction with another material previously received under an agreement?  YES  NO  
 a. If Yes, identify that material and its source. Also, forward a copy of the agreement with this form.  
 \_\_\_\_\_
13. Is the Material currently or expected to be associated with a Non-Disclosure Agreement?  YES  NO
14. Was the Material created or invented at Howard University?  YES  NO  
 a. If No, identify the origin of the Material: \_\_\_\_\_  
 b. If Yes, has the Material been disclosed to the Office of Intellectual Property and Technology?  YES  NO
15. Is the Howard University Investigator/scientist the creator/inventor of the Material?  YES  NO  
 a. If No, identify the original creator/inventor: \_\_\_\_\_
16. Is the Material relevant to any previous or pending inventions disclosed to Howard University?  YES  NO
17. Is the Material a tool, kit, or instrument that will be used in the conduct of research?  YES  NO



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### REGULATORY COMPLIANCE INFORMATION

18. Is the Material dangerous to handle, store, or use?  YES  NO
- a. If Yes, explain: \_\_\_\_\_
19. Does the project involve or contain the following? If Yes, provide the applicable information requested.
- a. Human participants  YES  NO IRB #: \_\_\_\_\_
- b. Human biological samples or substances  YES  NO IRB #: \_\_\_\_\_
1. Are the samples or substances de-identified?  YES  NO
- c. Making progeny, unmodified derivatives, or descendant copies of the Material  YES  NO IRB #: \_\_\_\_\_
- d. The care and use of animals  YES  NO IACUC #: \_\_\_\_\_
- e. Recombinant DNA, infectious agents, toxins, or reagents  YES  NO IBC #: \_\_\_\_\_
1. Define each with the related biosafety level and IBC protocol number.
- i. \_\_\_\_\_ Biosafety Level#: \_\_\_\_\_ IBC #: \_\_\_\_\_
- ii. \_\_\_\_\_ Biosafety Level#: \_\_\_\_\_ IBC #: \_\_\_\_\_
- f. Radioactive material  YES  NO Biosafety Level#: \_\_\_\_\_ IBC #: \_\_\_\_\_
- g. Radioisotopes in or on humans  YES  NO Biosafety Level#: \_\_\_\_\_ IBC #: \_\_\_\_\_
- h. An antidote that is necessary for use with the Material  YES  NO
- i. An export-controlled agent  YES  NO
- j. Classified research  YES  NO
- k. Restrictions on openness of research  YES  NO
- l. Product testing and evaluation (i.e., testing an expression system)  YES  NO
- m. Off-Campus work  YES  NO
- n. Any other regulatory compliance concerns related to the Material  YES  NO
1. Explain: \_\_\_\_\_

### CERTIFICATIONS

My signature certifies that:

- i. Project activities are consistent with University objectives and the faculty involved in the project have agreed to participate.
- ii. The obligations and commitments described are acceptable and in accordance with University and sponsor policies.
- iii. I understand that the Principal Investigator and Department Chairperson will bear responsibility for monitoring compliance with agreement terms.

Principal Investigator: \_\_\_\_\_ Date Signed: \_\_\_\_\_

University Bio-safety Officer: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Senior Compliance Officer: \_\_\_\_\_ Date Signed: \_\_\_\_\_

AVP for Regulatory Research Compliance: \_\_\_\_\_ Date Signed: \_\_\_\_\_