



Attachment A

Date: _____

Cover Sheet
Material Transfer Agreement (MTA)

(Complete and send to Grants and Contracts with unsigned MTA attached)

Principal Investigator: _____

Department/Division: _____

Location of Research: _____

Phone: _____ Fax: _____

PI e-mail: _____

Provider of Materials: _____
(name & contact) Phone/Fax: _____

Materials Requested: _____

Date Required: _____

1. Is the material known to be infectious or bio hazardous? (Go to <http://www.bu.edu/orccommittees/ibc/> to review rDNA and Biohazard definitions) If yes, please fill out and sign CDC Survey form ([CDC Select Agent Survey](#)) and send with the agreement.

Yes No

(If you are not sure, contact the Biological Safety Office at 617 638-8842.)

If yes to question #1, describe the specifics and the precautions recipient must take in handling material (including specifics with respect to any use in animals):

2. Do you have or need Institutional Biosafety Committee (IBC) approval to work with this specific material?

Yes No

If yes to question #2, indicate protocol number(s), date approved, and attach copies of IBC approval letters. If you do not have required approval and do not have an approval pending, contact IBC Coordinator at 617 638-4263 for project registration forms. Forms can also be found at: <http://www.bu.edu/orccommittees/ibc/>

Protocol Number	Date Approved	Date Submitted

3. Has the **project** been approved by the Institutional Biosafety Committee?

Yes Date of Approval: Protocol #:
 No Date Pending: Protocol #:

4. Has the **project** been approved by the Institutional Animal Care and Usage Committee (IACUC)?

Yes Date of Approval: Protocol #:
 No Date Pending: Protocol #:

5. Shipping Arrangements/Specifications:

6. Do you anticipate the use or development of any progeny or unmodified derivatives under this MTA?

Yes No

If yes, describe *briefly*:

7. *Briefly* describe how you will use the material, and whether you will be returning any to provider **or** destroying it:

8. Presently or in the future, do you expect the following to result directly from your utilization of this material?

a. Publication(s) Yes No
 b. Invention(s) Yes No

9. Is the research project which will utilize this material sponsored by any external funding source(s)?

Yes No

If yes, who is the Sponsor(s)?

[Redacted]

10. Do you agree with the kind and/or schedule of the reports, if any, requested by the provider in the agreement? Please comment:

[Redacted]

11. List the person(s) by name (or title if under recruitment) in your laboratory who will be working with this material:

Last Name	First Name
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

12. Any additional comments related to this material or usage?

[Redacted]

Principal Investigator Certification: I certify that the information I have provided about this project is accurate. Furthermore, I certify that I will direct this project in compliance with Boston Medical Center and Boston University Policies and all applicable laws and regulations.

Principal Investigator:

Signature

Date