

A Guide to Complete the Incoming Material Transfer Agreement Routing Form: The MTA Submission Process

The accompanying MTA Routing Form (“MTARF”) is used to facilitate the negotiation and/or processing of incoming MTA’s by the Grants & Contracts Office. This form is required when a Researcher at WCMC (“Recipient Scientist”) wishes to receive biological and/or other types of materials from an external entity (“Provider”) who memorialized the terms and conditions of the Recipient Scientists’ use of the Material(s) in an MTA (or MTA Collaboration Agreement), SLA (Simple Letter Agreement) or UBMTA (Uniform Biological Material Transfer Agreement (collectively the “Agreement”).

The accompanying MTARF must be completed and accompanied by the:

- 1) Agreement from the Provider;
- 2) WCMC Recipient Scientist lay summary of the intended use of the material;
- 3) Approved Informed Consent Form or ESCRO Approval (if applicable); and
- 4) Other required documentation as determined by your responses to the MTARF questions.

The MTARF must be completed and signed by the WCMC Principal Investigator and the head of the laboratory/Recipient Scientist in which the Material being requested will be used. All other WCMC personnel and trainees who will be working with the Material must co-sign the routing form where indicated on the last page. All MTA’s must be signed by an authorized official of WCMC. It is imperative to disclose all pertinent information by answering the questions on the accompanying form completely and accurately. Grants & Contracts cannot execute an MTA with terms which violate Institutional policies and/or conflict with prior obligations of faculty or trainees working in the laboratory receiving the Material.

Most MTA’s impose obligations on the Recipient Scientist and/or any WCMC personnel involved in the use of the Materials. All persons using the Material received under an MTA will be subject to complying with these obligations, whether or not they have individually signed the MTA. As a matter of fairness, the Recipient Scientist should provide all persons directly involved with the Materials a copy of the fully-executed MTA.

Joan & Sanford I. Weill Medical College of Cornell University (WCMC)

**Routing Form to Accompany Material Transfer Agreements (MTA's)
For Receipt of Material by WCMC**

Material: _____ Provider: _____

Recipient Principal Investigator: _____ WCMC Department: _____

WCMC Laboratory Head: _____

Yes No 1. Is the research in which the Material will be used supported by funds from any for-profit company?
→ If yes, please provide the name of the company and agreement involved.

Yes No 2. Will the Material be used in conjunction with any research activity funded or supported in any way from a federal and/or non-federal entity or source?
→ If yes, please list the agency name and grant/contract number.
Agency Name: _____ Grant/Contract #: _____

Yes No 3. Do you, your spouse or dependent children (1) have equity in; (2) receive consulting or other payments from; (3) act as members of an Advisory Board or an Officer of; (4) conduct research supported by; the institution, corporation or business entity to which the Material originates?
→ If yes, please complete a [Study Specific Report](#).

Yes No 4. Will the Material be purchased?
→ If yes, please provide the amount. \$ _____

Yes No 5. Did you author the scope of work?
→ If no, please indicate the name of the author.

Yes No 6. Are the Materials relevant to any previous or pending disclosures on inventions from your lab? If yes, please disclose all relevant information to Center for Technology Licensing at Cornell University (CTL). CTL is available at (212) 746-6186 (6-6186) or <http://www.ctl.cornell.edu/>

Yes No 7. In connection to the Material being provided, will there be any third party involvement?
→ If yes, please provide the name of the third party company and/or institution and provide a detailed description of their involvement.

Yes No 8. Is the research in which the Material will be used subject to consulting, licensing, or other obligations to another institution, corporation, or business entity? Do we have any obligations to other sites in connection to this material and specific research?
→ If yes, please provide the name of the company and agreement involved.

Yes No

9. Will material obtained from a different institution, corporation, or business entity under an MTA or similar agreement also be used in the research project(s) in which the Material obtained under the present MTA will be used?

→ If yes, please provide the name of the company and agreement involved.

Yes No

10. Will you create any modification out of the Material (i.e., will you create any substance that contains or incorporates the Material)?

Yes No

11. Will you create any derivative of the Material or derivative works of Data?

Yes No

12. Will the Material be commingled with any other material? If, so, is there an existing MTA in place consenting the commingling of materials?

→ If yes, please provide the name of the Material and its source.

Yes No

13. Does your use of the Material involve **human subjects**?

→ If yes, please submit a copy of the approved Informed Consent Form with this Routing Form.

→ IRB

Protocol #(s): _____ Approval: _____ Date(s): _____

Yes No

14. Does your use of the Material involve **laboratory animals**?

→ IACUC

Protocol #(s): _____ Approval: _____ Date(s): _____

Yes No

15. Does your use of the Material involve the derivation or use of **human embryonic stems cells** (hES cells) or **stem cell lines**?

→ ESCRO

Protocol #(s): _____ Approval Date(s): _____

Yes No

16. Does your use of Material involve work in a research or clinical laboratory?

→ If yes, have you submitted a Laboratory Safety Registration (LSR) to Environmental Health and Safety (ehs@med.cornell.edu)? More information available at: http://weill.cornell.edu/ehs/static_local/pdfs/LSR.pdf.

Yes, provide [LSR Expiration Date](#): _____

No, submit a [Laboratory Safety Registration Assessment Form](#) to request EHS assistance with completing the full Laboratory Safety Registration.

Not Applicable, Laboratory Safety Registration Assessment Form submitted confirming research conducted solely at a non-WCMC facility (e.g., Rockefeller University or MSKCC) or I am a Research Associate, Instructor, Post-Doc or Student.

Yes No

17. Does your use of Material involve the receipt of a biological material?

→ If yes, an import or interstate transport permit may be required. EHS can assist with determining and/or obtaining a permit if required. To request assistance, submit a [Biological Material Shipment Assessment Form](#) to EHS (ehs@med.cornell.edu).

Yes No

18. Does your use of the Material involve **recombinant DNA, transgenic animals, and/or blood, tissue, body fluids, primary cells, or cell lines derived from humans or primates**? More information available at: http://weill.cornell.edu/research/research_integrity/ibc.html

IBC Protocol #(s): _____ Approval Date(s): _____

Yes No

19. Does your use of the Material involve **radioactive materials**?

→ License #: _____ → Contact Environmental Health and Safety (646-962-7233) to obtain license # or to become an Authorized User

Yes No

20. Does your use of the Material involve the use of **select agents**? [Contact EHS](#) for assistance.

→ If yes, the permitting and receipt of Materials as well as user training must be coordinated by Environmental Health and Safety. All materials must be permitted by the Centers for Disease Control and Prevention and/or US Department of Agriculture prior to receipt.

Yes No

21. Will the scope of work involve any existing intellectual property?

22. On a scale of 1 to 10, indicate the probability of intellectual property evolving from the scope of work, using a range of representation from 1 (not at likely) to 10 (extremely likely). Please check one of the boxes.

Less likely												More likely
	1	2	3	4	5	6	7	8	9	10		

If 5 or more, please disclose all relevant information to Center for Technology Licensing at Cornell University (CTL). CTL is available at (212) 746-6186 (6-6186) or <http://wwwctl.cornell.edu/>.

Yes No

23. Will this project include any work at WCMC-Qatar and/or involve WCMC-Qatar personnel?

Yes No

24. Will this project require the sharing or export of material, information, and/or technology outside the United States and/or with foreign nationals within the United States?

→ If yes, please submit an Export Controls Checklist to Grants & Contracts.
(Refer to <http://weill.cornell.edu/research/pol/forms/ExportControlsChecklist.pdf>)

Yes No

25. Will this project involve collaboration with countries or research personnel (including foreign nationals working in your lab) from countries on the US Embargoed Countries List?
See <http://www.ustras.gov/offices/enforcement/ofac/programs/> for more information.

I am aware of and agree to adhere to the obligations and restrictions imposed by the MTA covering the Material and by signing below, I attest to the responses provided herein.

Signature of Laboratory Head

Date

Principal Investigator

Date

List all faculty, staff, students, and trainees who will be working with the Material. Use additional pages if necessary.

By signing, I acknowledge that I am aware of, and will adhere to, the restrictions and obligations imposed by the MTA covering the material.

	<u>Printed Name</u>	<u>Signature</u>	<u>Title</u>	<u>Date</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____