

**MATERIAL TRANSFER REQUEST FORM**

TEL: (530) 757-3432

FAX: (530) 758-3276

E-MAIL INQUIRIES TO: ragacel@ucdavis.edu

UC DAVIS TECHNOLOGY TRANSFER CENTER

508 SECOND STREET, SUITE 202

DAVIS, CA. 95616-4692

<b>1. Material Transfer Agreement (MTA) case #</b> (to be assigned by TTC):	<b>11. Non-UC Davis scientist:</b>
<b>2. MTA requestor:</b>	a) Address:
<b>3. UC Davis principal investigator:</b>	b) Telephone:
a) Academic title:	c) Fax:
b) Department/unit:	d) E-mail:
c) Telephone:	<b>12. Non-UC Davis legal contact:</b>
d) Fax:	a) Address:
e) E-mail:	b) Telephone:
f) Department mail account #:	c) Fax:
<b>4. UC Davis department contact:</b>	d) E-mail:
a) Telephone:	<b>13. Non-UC Davis administrative contact:</b>
b) Fax:	a) Address:
c) E-mail:	b) Telephone:
<b>5. Project title:</b>	c) Fax:
<b>6. Project sponsor/ funding source providing materials:</b>	d) E-mail:
<b>7. Project period:</b>	<b>14. Which best describes the non-UC Davis organization?</b> Check one:
<b>8. Is UC Davis the provider <input type="checkbox"/> or recipient <input type="checkbox"/>.</b>	<input type="checkbox"/> Non-profit <input type="checkbox"/> For profit <input type="checkbox"/> UBMTA signatory
<b>9. Non-UC Davis organization name and address:</b>	<input type="checkbox"/> Government <input type="checkbox"/> Private university <input type="checkbox"/> Public university
<b>10. How and why did you make contact with this organization?</b>	<b>15. Additional information:</b>

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<p><b>16. Description of material:</b></p>	<p><b>18. Do you have any related patent disclosures?</b></p>
	<p><b>19. Date material needed</b> (if sooner than 45 days):</p>
	<p><b>20. The proposed transfer represents:</b></p> <p><input type="checkbox"/> Exchange of material(s) only</p> <p><input type="checkbox"/> Formal research collaboration</p>
<p><b>17. Description of research use:</b></p> <p>a) Are the material(s) described in a publication?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Which?</p> <p>b) Do you know if alternative sources of material(s) exist?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Maybe</p> <p>c) Will the material(s) or modified material(s) become incorporated into a new research material?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Maybe</p> <p>d) Will the material(s) be modified or used in derivatives?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>21. Source of funding for research with these materials, whether current or anticipated.</b> Check those that apply:</p> <p><input type="checkbox"/> Sponsored research agreement: Name of company/private agency:</p> <p><input type="checkbox"/> Government funding/other grant: Name of granting entity:</p> <p><input type="checkbox"/> License agreement/option: Name of company (ies):</p> <p><input type="checkbox"/> Department funds</p> <p><input type="checkbox"/> Gift funds</p> <p><input type="checkbox"/> Other</p>

**\*\*\*\*\* FORWARD ALL DOCUMENTS SENT TO YOUR DEPARTMENT BY THE NON-UC DAVIS ORGANIZATION\*\*\*\*\***

**Signatures are required for this document**

Printed Name

Signature

Date

Principal Investigator: \_\_\_\_\_

Dean (if applicable): \_\_\_\_\_

Director or Department Chair: \_\_\_\_\_