UC SANTA BARBARA Technology & Industry Alliances

Material Transfer Agreement Request Form

Section 1. Principal Investigator (PI) and Lab Contact Information					
PI Name				Lab Contact Name (if different)	
PI Phone		PI E-mail		UCSB Department & Mail Code	

Section 2. Outside Organization Information			
Organization Name		Address	
Legal Contact Name & E-mail		Scientific Contact Name & E-mail	

Section 3. Details Regarding the Material							
UCSB will be:	☐ Receiving Material (complete this Section 3 & Section 4)			☐ Providing Material (complete this Section 3 & Section 5)			
Material is: (check all that apply)	☐ Plasmid or Viral Vector	☐ Embryonic Stem Cell or Induced Pluripotent Stem Cell (iPSC)	☐ Compound/ Chemical	☐ Cell Line	☐ Human Specimen	☐ Animal/Animal Specimen	
Scientific Description of the Material and Quantity to transfer/receive							
Will the Material be coming from sources, or sent to entities, outside of the US?	☐ Yes (specify country (-ies)):				☐ No		
Anticipated Time Period Material Will Be Used By UCSB/Outside Organization	Begin Date		End Date				
Are you receiving any funds (contract, grant, or gift) from the Outside Organization?	☐ Yes				☐ No		

Section 4. Questions for Incoming Material		
Intended Use of the Material/Scope of Work for Project using the Material:		
Funding source(s) to be used for research with Material (specify Sponsor(s) and award number(s)):		
Do you intend to *modify* the Material in any way?	☐ Yes	☐ No
Does the Material contain biological matter?	☐ Yes	☐ No
Do you expect to pay any costs associated with the transfer of the Material?	☐ Yes	☐ No
Will the Material be used in humans, or will its use otherwise constitute human subjects research?	☐ Yes	☐ No
If yes, please indicate the status of the IRB protocol:	☐ IRB protocol has not been submitted yet. ☐ IRB protocol review is pending. ☐ Approved IRB protocol number:	
Was a decision to undertake this research based on receiving access to the Material by the Outside Organization?	☐ Yes	☐ No
Does a financial relationship exist between the Principal Investigator and the Outside Organization (if not a Federal agency)?	☐ Yes	☐ No
Are you aware of any confidentiality agreements/requirements related to the Material?	☐ Yes	☐ No

Section 5. Questions for Outgoing Material		
Do you want to charge a fee for the transfer of the Material?	☐ Yes	☐ No
Did you receive the Material from others, and this is a re-transfer of the same Material?	☐ Yes	☐ No
Does the Material <u>otherwise</u> *contain* materials received from others?	☐ Yes	☐ No
(*For biological materials*) Is the Material:		
derived from materials received from others?	☐ Yes	☐ No
a *modification* of material rec'd from others?	☐ Yes	☐ No
Have you published on the Materials and/or the related methodology?	☐ Yes	☐ No
Does the Material relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office?	☐ Yes	☐ No
If yes, please list the UC Case Number (if known).		
Was the Material developed with any Sponsored Research Funding?	☐ Yes	☐ No
If yes, please specify the Sponsor(s) and award numbers:		

☐ I certify that this information I have provided is an accurate reflection of my understanding.			
Principal Investigator		Date	

Reset Form

Revised June 15, 2023

UC SANTA BARBARA Technology & Industry Alliances

Non-Disclosure/Other Agreement Request Form

Principal Investigator (PI) and Lab Contact Information					
PI Name				Lab Contact Name (if different)	
PI Phone		PI E-mail		UCSB Department & Mail Code	

Outside Organization Information					
Organization Name		Address			
Authorized Official/Contact Name		Phone		E-mail	

Details Regarding the Agreement		
Type	☐ Nondisclosure Agreement (NDA)	☐ Other* (please specify): (*Note: Complete the MTA Request Form for MTAs, or the DUA Request Form for DUAs)
Purpose of Agreement		
Anticipated Begin Date		Anticipated End Date
UCSB will be (mark any or both, as applicable)	☐ Receiving confidential information	☐ Disclosing confidential information
Does the Agreement relate to a proposal for Sponsored Research?	☐ Yes (list ORBiT Record No. if known):	☐ No
Will you either receive or provide any physical materials or samples from the Outside Organization under this Agreement?	☐ Yes (please describe):	☐ No
Will any information or materials be coming from sources, or sent to entities, outside of the US?	☐ Yes (specify country (-ies):	☐ No
Does this Agreement/the discussions relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office?	☐ Yes (please list UC Case Number, if known):	☐ No

Questions for NDAs	
Description of the confidential or proprietary information/subject matter to be received and/or disclosed	
Will the confidential information include any of the following? (Check all that apply)	☐ De-identified Data about Human Subjects ☐ Personally Identifiable Information ☐ Limited Data Set ☐ Covered Defense Information (CDI) ☐ Controlled Unclassified Information (CUI) ☐ Export-Controlled Information ☐ Process Design Kit
Are you receiving any funds (contract, grant, or gift) from the Outside Organization?	☐ Yes ☐ No
What funding source(s) (if different than the above) will be used to support any research using the confidential information?	

Questions for Other Agreements	
Are there any other agreements (e.g. NDAs, MTAs, sponsored research agreements) that are related to this Agreement? If yes, please provide details:	☐ Yes ☐ No
Will you be receiving/providing any of the following under this Agreement? (Check any that apply)	☐ Equipment ☐ Software ☐ Data Sets
Please share any other pertinent details regarding the Agreement:	

☐ I certify that this information I have provided is an accurate reflection of my understanding.			
Principal Investigator		Date	

Revised April 8, 2021

UC SANTA BARBARA Technology & Industry Alliances

Data Use Agreement Request Form

Principal Investigator (PI) and Lab Contact Information					
PI Name				Lab Contact Name (if different)	
PI Phone		PI E-mail		UCSB Department & Mail Code	

Outside Organization Information					
Organization Name		Address			
Authorized Official/Contact Name		Phone		E-mail	

Details Regarding the Data		
UCSB will be (mark either or both, as applicable)	☐ Receiving Data	☐ Providing Data
Description of the Data to transfer/receive (include if involves human subjects, animal subjects, name of any study in which data was obtained, any identifiers within data set, etc.)		
Does the data to be transferred include any of the following? (Check all that apply)	Human Subjects Considerations ☐ De-identified Data about Human Subjects ☐ Personally Identifiable Information ☐ Limited Data Set	Data Security Considerations ☐ Covered Defense Information (CDI) ☐ Controlled Unclassified Information (CUI) ☐ Export-controlled information
How will the data be transferred/exchanged? (Check all that apply)	☐ Electronic Portal (Download or View Only) ☐ E-mail	☐ Thumb Drive/Hard Drive ☐ Other (please specify):
Will the data be coming from sources, or sent to entities, outside of the US?	☐ Yes (specify country (-ies):	☐ No

Anticipated Time Period Data Will Be Used By UCSB/Outside Organization	Begin Date		End Date	
Are you receiving any funds (contract, grant, or gift) from the Outside Organization?	☐ Yes	☐ No		

Questions for Incoming Data		
Intended Use of the Data/Scope of Work for Project using the Data:		
Funding source(s) to be used to support research using the Data:		
Will the use of the Data constitute human subject research?	☐ Yes	☐ No
If yes, please indicate the status of the IRB protocol:	☐ IRB protocol has not been submitted yet. ☐ IRB protocol review is pending. ☐ Approved IRB protocol number:	
Will the data be used in conjunction with any other data received from a 3rd party? If so, please provide details (provider, data type) for 3rd party data:	☐ Yes	☐ No
Are you aware of any security and/confidentiality requirements or considerations related to protections and storage of the data? If yes, please provide details and description for how data will be stored & protected	☐ Yes	☐ No

Questions for Outgoing Data		
Do you want to charge a fee for the transfer of the Data?	☐ Yes	☐ No
Did you receive the Data from others and this is a re-transfer?	☐ Yes	☐ No
Do you have any expectations for disposition of the data (e.g. return to UCSB, destroy all copies)?	☐ Yes	☐ No
If so, please describe:		
Does the Data relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office? If yes, please list the UC Case Number (if known).	☐ Yes	☐ No
Was the Data developed with any Sponsored Research Funding?	☐ Yes	☐ No
If yes, please specify the Sponsor(s) and award numbers.		

☐ I certify that this information I have provided is an accurate reflection of my understanding.			
Principal Investigator		Date	

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Revised April 14, 2021